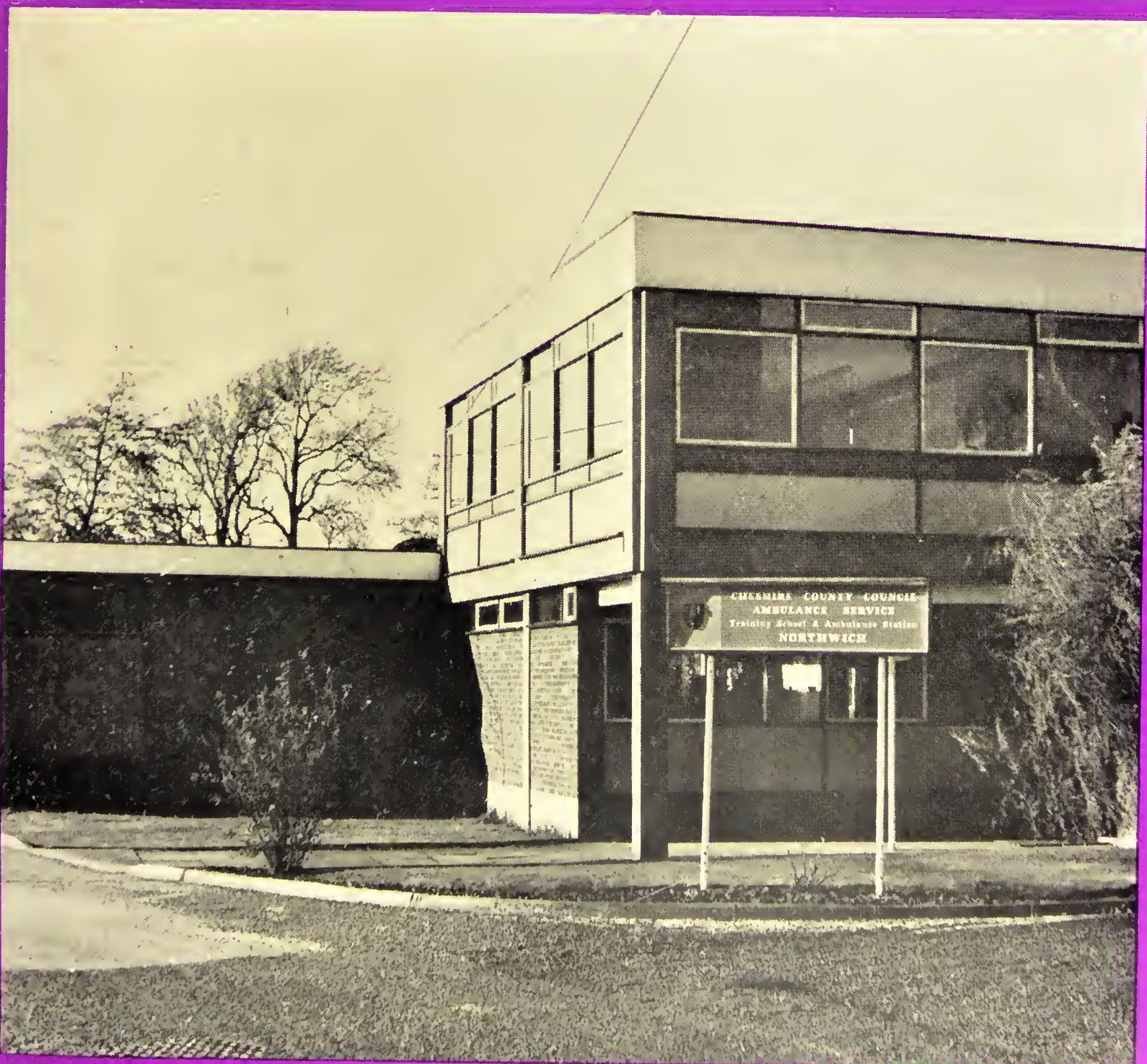




# Cheshire County Council

## Health Services 1972



Cover:

NORTHWICH AMBULANCE STATION



# **Cheshire County Council**

**Annual Report  
for 1972 by the  
County Medical Officer  
and Principal School  
Medical Officer**

**B G Gretton-Watson**

MA MB B.Chir FFCM DPH Barrister at Law



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## INTRODUCTION

To: The Chairman and members of the County Health Committee

Mr. Chairman, Ladies and Gentlemen,

I present herewith my annual report for the administrative county of Cheshire for 1972, which deals solely with events taking place during that calendar year.

The mid-1972 population was 1,130,140. The live birth rate was 15.2 per thousand, which shows a further drop (from 16.5 in 1971). The death rate was ~~16.2~~, a slight increase, but not as high as the 1970 figure. Maternal mortality was a little up 0.17 per thousand births live and still. Whooping cough notifications showed a dramatic fall to 5 as compared with 345 in 1971, possibly the result of a strengthening of the vaccine. No cases of poliomyelitis, diphtheria or smallpox occurred in 1972 in the county, and pulmonary tuberculosis showed a further decline to a new low level of 93. Under "other accidents" we have noted a pleasing fall to a new low level of 108<sup>1</sup> per million population (as compared with 202 in 1963)—hopefully the result of home accident propaganda.

*death*

4.2

Miss Wright-Warren, chief nursing officer, left us to join the Department of Health as nursing officer, and Miss M. G. Morris joined the staff with the new designation of director of nursing services.

In September occurred the sudden death of Mr. Arnold Roberts, County Licensing Officer at the adjacent Licences Department, who for many years had been so helpful in enquiries arising out of the health aspects of granting driving licences.

Matters concerning the work of the child and school health section of the department will be found in the introduction to that report (see pp. 93).

During the year the work of the department, together with its natural developments, progressed normally, but the overriding consideration had to be the impending reorganisation of the National Health Service. This is complex, in that it is not merely a territorial adjustment, but also a fusion of its three branches, local health, hospital and family practitioner service, at the same time. Clearly steps could not be taken which would either impede or conflict with developments due to take place in the course of reorganisation. Within the department a reorganisation section has been formed under Mr. F. McLelland like those in other county council departments. Joint liaison committees have been constituted for the new health areas of Cheshire, Wirral, Trafford, Manchester, Stockport and Tameside. Each such committee has officer representatives of the three health service branches, and the local authority officers on each come from the several territories comprised in it. In addition, representatives of the various professions have been co-opted. Their task is fact-finding in regard to available resources and current practices, with a view to preparing "options" for the shadow authorities expected to be formed by the latter part of 1973.

One of the main challenges will be to ensure that adequate liaison is maintained with relevant branches of Cheshire County Council and of the adjacent metropolitan districts, particularly the social services, the education service, and the "emergency" service, also with the environmental health work of the new district councils.

As has been described in recent reports, the department is concentrating on health centre development and the attachment of nursing staff to general practitioners—in other words, the encouragement of a strong system of general practice, which when given planned backing by professions ancillary to medicine, constitute what is



currently called the primary health care teams. A cross-border nurse attachment scheme has been arranged with Derbyshire, but other over-the-border arrangements will need to await the reorganisation of the National Health Service.

In order to tackle such a task, the community nursing service has itself to undergo certain changes. The requirements for nurse training and qualifications were the subject of the Asa Briggs Report, and a management structure was defined by the Mayston Report. The latter has largely been implemented in the county already, but the implementation of the former is a matter for national consideration and will undoubtedly take several years.

Only 1,424 home confinements took place compared with 16,004 in hospital. Hospital delivery is now the established pattern, but follow-up nursing by domiciliary midwives is still very necessary. Clearly their work in the future must be more and more closely integrated with that in hospital.

Family planning has received a great deal of attention this year. The committee introduced a domiciliary scheme, initiated in five towns under the urban development programme and later to be extended to the remainder of the county. Discussion took place with the Family Planning Association with a view to the provision of a direct service by the committee as from April, 1973. At the same time the Department of Health sponsored a free service on an experimental basis at Runcorn in Cheshire and Coalville in Leicestershire. All these efforts are with a view to reducing the number of "unwanted" children born and consequently reducing also the number of tragic events with which the social services department have to deal. The success of these efforts will need careful evaluation.

Vaccination and immunisation figures are disappointing for a county using computer planning. Investigation so far indicates that this is largely due to a number of vaccinations and immunisations not being notified to the Health Department.

The Occupational Health Service continued its activities and apart from routine examinations of various types, some 106 cases were referred to the service by employing departments for advice concerning the problems associated with protracted sickness, including the resettlement of the personnel involved. Certain key personnel were offered immunisation against influenza prior to the anticipated epidemic in December. Female teachers, nurses, and social workers in close contact with children were offered blood tests to demonstrate their state of immunity to German measles (rubella). Those requiring immunisation were advised appropriately.

The research section tackled a number of subjects, special mention being made of home accidents and the problems associated with major disasters.

Work in the public health section has been mainly concerned with milk and dairies, vetting sewerage and water schemes, and giving advice to other departments of the county council on environmental health.

Radio control in the ambulance service had to adapt itself to a national policy change, from amplitude modulated equipment to frequency modulated. The new style of uniform appears to have been well received by the staff and public alike. New stations were started before the end of 1972 at Congleton, Winsford and Sandbach; they should be ready during 1973. Routine work of the service increased, while emergency calls showed a slight reduction.

A number of topics were tackled in the health education field, but at the request of the committee, special attention was given to publicity in the field of family planning and control of venereal disease. Work was also undertaken in connection with the Merseyside Drug Council and the Home Safety Council.



The directly provided chiropody service was further extended, giving service to the aged, the handicapped, expectant mothers and school children.

My thanks are due to all who have contributed, including Dr. Dolton, Dr. Pollitt, Dr. Chesham (child health), Mr. Dowell (dental), Miss Morris (nursing), Mr. Glyn Jones (ambulance) and Mr. Pembleton (environmental health), and particularly to Mr. O'Connor who has again acted as editor.

I should like to thank the county health committee and particularly the chairman and deputy chairman for their constant support. My thanks are due to all the staff of the department, professional and other, also the clerk of the county council, the county treasurer and other departmental heads for their continued co-operation and help.

B. G. GRETTON-WATSON

June, 1973.

County Medical Officer



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# **VITAL STATISTICS AND PROJECTS**





## VITAL STATISTICS AND PROJECTS

### Area

The area of the administrative county at the end of 1972 was 622,042 acres as calculated by the Ordnance Survey for the Registrar General.

### Population

The population of the administrative county estimated by the Registrar General for mid-1972 was 1,130,140.

### Rateable Value

The rateable value of the administrative county for general county rate purposes at 1.4.72 was £51,880,762. A new penny rate for 1972-73 represented the sum of £516,469.

### Live Births

					Male	Female	Total
Legitimate	...	...	...	...	8180	7892	16072
Illegitimate	...	...	...	...	547	534	1081
					<hr/> 8727 <hr/>	<hr/> 8426 <hr/>	<hr/> 17153 <hr/>

Birth rate per 1,000 population—15.2.

Illegitimate Live Births were 6 per cent of total live births.

### Stillbirths

					Male	Female	Total
Legitimate	...	...	...	...	84	99	183
Illegitimate	...	...	...	...	16	11	27
					<hr/> 100 <hr/>	<hr/> 110 <hr/>	<hr/> 210 <hr/>

Stillbirths rate per 1,000 total (live and still) births, 12.

### Deaths

Male	Female	Total
6300	6377	12677

Death rate per 1,000 population—11.2.

The principal causes of death continued to be heart disease, malignant diseases, and vascular lesions of the nervous system.

### Infant Mortality

Number of deaths of infants:

					Infant Under 1 year	Neonatal Under 4 weeks	Early Neonatal Under 1 week
Legitimate	...	...	...	...	269	192	172
Illegitimate	...	...	...	...	18	14	12
Total	...	...	...	...	<hr/> 287 <hr/>	<hr/> 206 <hr/>	<hr/> 184 <hr/>

Mortality rates per 1,000 live births:

					Infant	Neonatal	Early Neonatal
Legitimate	...	...	...	...	16		
Illegitimate	...	...	...	...	16		
All Infants	...	...	...	...	16	12	10

#### Perinatal Deaths

Stillbirths	...	...	...	...	...	...	...	...	210
Deaths under 1 week (early neonatal)	...	...	...	...	...	...	...	...	184
Total perinatal deaths	...	...	...	...	...	...	...	...	394

The perinatal mortality rate per 1,000 total (live and still) births was 21.

#### Deaths from Puerperal Causes

							Deaths	Rate per 1,000 total (live and still) births
B40	Abortion	...	...	...	...	...	1	
B41	Other complications of pregnancy	...	...	...	...	...	2	
Total	...	...	...	...	...	...	3	0.17

#### Buildings Completed 1972

Health Centres — Bramhall

#### Buildings in Course of Construction at end of 1972

Health Centres	Sale, Meadway
	Sale, Bodmin Road
	Winsford Central
	Nantwich
	Tarporley
	Holmes Chapel
Ambulance Stations	Congleton
	Sandbach
	Sale
	Winsford

# **HEALTH SERVICE REORGANISATION**





## HEALTH SERVICE REORGANISATION

In the early months of the year, parallel with local government reorganisation, thought was given to the reorganisation of the national health service, and the role of the Cheshire health department. A section was created within the department to deal specifically with administrative matters concerning reorganisation.

Liaison was established with other local health authorities, hospital services, and national health service executive councils. A programme of training was arranged for clerical and junior administrative staff, and later for the middle-management personnel of the various disciplines involved.

The Department of Health & Social Security issued its first circular in June outlining the preliminary stages to be followed, the first being the creation of joint liaison committees. The joint liaison committees have no executive authority, and are primarily a means of bringing together existing health authorities to co-ordinate the preparatory work and to review progress on reorganising the health services. They provide a forum for discussing the problems of reorganisation, and in the light of guidance from the Department of Health & Social Security, work out or contribute to their solution.

Throughout the latter half of the year the Department of Health and Social Security issued further circulars and guide-lines to the joint liaison committees, including the proposed management arrangements for the reorganised national health service. These established a principal of three-tier management, the Department of Health and Social Security, the regional health authority, the area health authority, and finally team management at district level. In addition the Secretary of State for Social Services issued the White Paper "National Health Service Reorganisation, England." In November the National Health Service Reorganisation Bill was published.

A Cheshire Area Health Authority is to be established coterminous with the New Cheshire Local Authority, and those parts of existing Cheshire in the Wirral and North East part of the county have similarly been incorporated into Metropolitan Health Areas coterminous with local government metropolitan districts 11e, 12h, 12j, 12k.

In July each of the above health areas established their respective joint liaison committees, and in each case Cheshire is represented by two or three officers. The county medical officer was appointed chairman of the Cheshire Health Joint Liaison Committee. The committees set about their task of collating information and for this purpose established working parties to cover the various aspects of reorganisation: accommodation, finance, district formation, ambulance service, staffing, supplies, nursing, training, and liaison services.

The committees have each met monthly and at the close of the year had made considerable progress in collating the information required. However, there is still much to be done, information to be collected, reports to be compiled for submission to the proposed area health shadow authority, and to the chief officers when they are appointed late in 1973. It is envisaged that the National Health Service Reorganisation Bill will have proceeded through its various stages in Parliament during the first half of 1973.

As with local government reorganisation, a national health service staff advisory committee has been established under the chairmanship of Sir Richard Heywood, C.B.E. Staff are kept informed of progress through bulletins issued by the Department of Health & Social Security, the staff advisory committee, and the publication of a Cheshire county council news sheet "Prospect — Health Services."





# **FAMILY HEALTH**



## FAMILY HEALTH

### Health Centres

At the end of 1971 it was decided to adopt a new approach to the capital building programme; a small team, consisting of a medical officer and two administrators, was set up in January 1972 with a view to improving liaison with architects, general practitioners, officers of the executive council and other staff of the health department involved in health centre building.

This is a new approach to the planning and design of health centres, and so far as is known only one other authority with an equivalent building programme is using this method. An eminent professor of architecture has shown that during the feasibility stage of any building, the client department should at least equal the time spent by the architect. Although we cannot say that we have achieved this goal, some progress has been made towards it.

Amongst difficulties encountered, the inability to acquire sites of adequate size and suitable location with regard to transport routes and other amenities has proved a considerable barrier to progress; this is an even greater problem in highly urbanised areas where land is excessively expensive and the question arises as to which priority should come first — community health centres or commercial exploitation.

The residual sites available for health centres are limited by size or shape. Consideration therefore must be given to the building of multi-storey health centres — as has successfully been demonstrated in other parts of the country. Another feature of inadequate sites can be limited on-site parking facilities — guaranteed to cause much discussion at project meetings, a sure sign that we live in an age dominated by the petrol engine.

How large should a health centre be? From past experience a consensus of opinion has emerged that five to six general practitioners is the preferred norm. Obviously the more personnel involved in a close-knit unit like the health centre, the more of a management problem it will become. However, regardless of size, the success or otherwise of any new health centre appears to be determined long before its actual occupation, and is dependent upon the goodwill and enthusiasm of the potential occupants and their ability to develop a team approach; personalities are the prime factor here. As to management itself, the question is posed as to where this should be located; if one accepts the theory that good management is a scarce commodity, then it should not be haphazardly scattered, but should be concentrated in as few places as possible. On the other hand if an effective manager is to be placed at health centre level, then the appointment should be of a relatively senior status with a salary high enough to attract a person of appropriate calibre.

Apart from their routine service function, much discussion has taken place nationally and locally as to future developments within health centres and some of these have already been observed on a limited scale in Cheshire. They would include undergraduate and post-graduate teaching facilities for medical, nursing and social work personnel in conjunction with the universities, and casualty work especially in the more rural areas and minor operations such as vasectomy. Social service departments are being encouraged by the D.H.S.S. to make use of accommodation in health centres for interviewing purposes and to make and maintain links with health workers of all types.

In the latter part of the year, several projects were seriously delayed as a result of prolonged industrial action in the building and allied industries.

## **Family Planning**

During the year some 4400 women were seen at Family Planning Association clinics under the agency scheme, out of a total of approximately 17,000 patients. At present there are over 213,000 women in Cheshire in the child-bearing age group. It has been estimated by adding the figures for legal abortions, illegitimacy and first births within eight months of marriage that at least 25% of pregnancies are unplanned. There were approximately 17,000 births in Cheshire in 1971 and, by the criteria stated, 4,250 of these would have been unplanned. Although it cannot be said that all the viable births were unwanted it is likely that this would be true in most cases.

In an attempt to reach the population "at risk" of unplanned and unwanted pregnancies, the county council has decided to provide a direct service from 1st April, 1973. It will give free advice and treatment to all Cheshire residents over the age of 16. Supplies will be charged for, but as at present, patients will be exempt on medical and social grounds. Negotiations are now well in hand for the change, and I should like to thank the Family Planning Association for the work they have done over the years in building up this service, and for their co-operation in facilitating the implementation of a direct family planning service.

The Runcorn experiment, sponsored by the Department of Health and Social Security and administered by the Family Planning Association, got under way during the course of the year and is expected to continue for a second year. The scheme is being evaluated by P.E.P. (Political and Economic Planning), but results are not available at the time of writing, on whether a free-for-all service is both effective and economic.

## **Domiciliary Service**

This year has seen the implementation of a domiciliary family planning service, first under the urban aid programme in April in Hattersley, Ellesmere Port, Winsford, Crewe and Partington. In October, the service was spread to most other parts of the county with finance made available by the county council. Referrals to the service started rather slowly, an experience shared by other authorities but a steady increase was noted towards the end of the year, probably due to a better appreciation by health visitors, midwives, social workers and other field workers of the value of a domiciliary service. By the end of the year, 104 patients had been referred. Statistical details are available for 97 of those referred, and are given later.

70 patients were still receiving domiciliary care at December 31st and of the remaining 27, 4 had become pregnant but the others were receiving family planning advice from other sources or were no longer at risk of pregnancy.

An appreciation course for field staff was held at county hall in May and nursing staff attended an F.P.A. organised course in Runcorn in April. It is clear that more courses of this type are required to give staff up-to-date factual information about birth control and a chance to discuss their own and others' attitudes to what can be an emotional topic.

At the end of 1972 eight doctors and six nurses were employed on a sessional basis in the domiciliary service, and in many cases the same doctor and nurse conduct the local family planning clinic which gives a much better continuity of care and may help the patient make the decision to attend the clinic.



<i>Source of Referral</i>										No of Patients
Health visitor	...	...	...	...	...	...	...	...	...	58
Midwife	...	...	...	...	...	...	...	...	...	18
District nurse	...	...	...	...	...	...	...	...	...	1
General practitioner	...	...	...	...	...	...	...	...	...	3
Social worker	...	...	...	...	...	...	...	...	...	4
F.P.A. medical officer	...	...	...	...	...	...	...	...	...	5
Other	...	...	...	...	...	...	...	...	...	8
<i>Age Structure</i>										
Under 20	...	...	...	...	...	...	...	...	...	15
20 - 29	...	...	...	...	...	...	...	...	...	56
30 - 39	...	...	...	...	...	...	...	...	...	23
Over 40	...	...	...	...	...	...	...	...	...	3
<i>Marital Status</i>										
Married	...	...	...	...	...	...	...	...	...	82
Single	...	...	...	...	...	...	...	...	...	12
Divorced	...	...	...	...	...	...	...	...	...	2
Separated	...	...	...	...	...	...	...	...	...	1
Widowed	...	...	...	...	...	...	...	...	...	—
<i>Parity</i>										
1 - 3	...	...	...	...	...	...	...	...	...	49
4 - 6	...	...	...	...	...	...	...	...	...	40
over 6	...	...	...	...	...	...	...	...	...	8
<i>Reason for Referral</i>										
Social	...	...	...	...	...	...	...	...	...	24
Medical	...	...	...	...	...	...	...	...	...	5
Repeated pregnancy	...	...	...	...	...	...	...	...	...	19
Refusal to attend clinic	...	...	...	...	...	...	...	...	...	8
Difficulty getting to a clinic	...	...	...	...	...	...	...	...	...	8
Low income	...	...	...	...	...	...	...	...	...	6
History of mental disorder in mother or immediate family	...	...	...	...	...	...	...	...	...	18

### **Parentcraft Classes**

A superintendent physiotherapist was appointed jointly with the school health service to co-ordinate functions of physiotherapists within the county. She is currently reviewing the role of the physiotherapist in parentcraft classes with a view to making recommendations on in-service training and future work patterns.

At present there are 48 parentcraft classes in operation and during the year 19,881 attendances were made.

### **Computer-managed Cervical Cytology**

This scheme was extended to Knutsford in the current year and it is hoped to include Runcorn in the near future. Expansion of the scheme has taken place in those areas already covered, and by the end of the year a total of 11,000 new patients had joined the scheme.

Women at high risk of developing carcinoma of the cervix continued to be attracted to the scheme, as reflected by the positive smear rate of 9 : 1,000, an increase in the rate experienced in 1971.



# **COMMUNITY NURSING**



## COMMUNITY NURSING

### Management

Restructuring the management of the nursing services, as recommended by the Mayston Report, has now been completed. In line with the Department of Health and Social Security recommendations, officers' titles were changed to:

Top management (3)	Director of Nursing Services Divisional Nursing Officers (2)
Middle management (8)	Area Nursing Officers (8)
First line (32)	Senior Health Visitors (12) Senior Midwives (8) Senior District Nurses (12)

The new structure has changed the responsibilities of the divisional nursing officers and brought them into "line" management, being responsible for four areas, and "staff" authority for nursing/midwifery and health visiting/psychiatry. (These two new job specifications became operative from April 1973 on the retirement of the two principal nursing officers in post with a functional responsibility for service.)

Four of the area nursing officers with a small area have an extra responsibility — district nurse training; co-ordination of student training with the training schools (implementing the G.N.C. Syllabus 1969); advising on health centre planning in regard to nursing; training of auxiliaries and in-service training.

The 32 "senior " staff have small case loads in addition to their management responsibility. A survey of time spent on management functions showed that each spent about 50% of her time on management. With the new structure field staff now have more opportunity to discuss problems and get advice and support. This is of course very necessary in the community nursing services where much care is given, unsupervised, in the patient's home.

### Home Nursing (Section 25)

Nursing auxiliaries have been appointed to each area during the year. The value of their work in the care of the aged and physically handicapped has been proved.

The type of work of the district nurse has not changed over the year, but with better working relationships with general practitioners more acute work is being treated by the district nurse. In some areas the transfer of patients from hospital to the care of the general practitioner and district nurse has accelerated. The relationship between the district staff and hospital is good, but it is felt that more discussion could usefully take place before the transfer of cases. A pilot scheme of district nurses using a patient record card was undertaken. As this proved successful it will be used in the whole of the county in the next year. It replaces the case register at present kept by district nurses.

### Midwifery (Section 23)

The number of home confinements has declined but the work of the domiciliary midwives has not declined. The early transfer of cases from the maternity hospitals means that the district midwives have a great responsibility in the post-natal period as well as during the ante-natal period. The effect of the domiciliary midwives caring for patients admitted to the general practitioner ward in the West Cheshire



Hospital has meant that they give more continuity of care to their patients. They are welcomed in the hospital and attend obstetric meetings organised by the obstetrician.

Stepping Hill general practitioner unit began during the year with the opening of the new maternity hospital. The domiciliary midwives, in discussion with the general practitioners, book their cases for delivery in the unit. The hospital staff give excellent cover to this unit. Again the domiciliary midwives have found the scheme excellent, and again they partake in educational activities in the hospital.

It is hoped that negotiations for similar arrangements at Ashton-under-Lyne and Macclesfield will be finalised next year.

### **Health Visiting (Section 25)**

The health visiting service during the year has been developing. The effect of the paediatric development examinations (described in full elsewhere in this report) on the health visitors has been interesting; they are now using their skills to better advantage.

The work of the health visitors is very varied—child health, care of the aged and handicapped, mental health, school health, health education (reported fully by the health education officer).

With closer liaison with doctors the work of the health visitor increases — more social problems are referred. Geriatric visiting particularly has increased. Slimming and geriatric clinics have been organised by health visitors in conjunction with the general practitioners.

### **Attachment of Nursing Staff to General Practitioners**

The plan of attaching nursing staff to groups of doctors was completed during the year. The small number of doctors' practices and single-handed doctors who have not taken part in the scheme are served by other teams of nurses.

The other "attachment" problems are on the boundaries of Cheshire. An area of Derbyshire and north-east Cheshire have a cross-boundary arrangement, the Cheshire nurses visiting all the patients on the general practitioner lists. The review of this disclosed only one difficulty to the health visiting service — the paediatric development examination. This is now done for children on the Derbyshire general practitioners' lists by Cheshire health visitors.

### **Liaison with Hospitals**

Schemes of liaison with hospitals vary from area to area but visits are paid regularly to some hospitals as in the following chart:

	<b>Geriatric</b>	<b>Paediatric</b>	<b>General</b>
West Park Hospital	HV ) DN ) weekly	HV ) DN ) weekly	District Nurse weekly
Warrington General	HV weekly		
Dutton & Crossley	HV weekly	HV weekly	District Nurse
Clatterbridge	HV weekly		
Barrowmore ) City Hospital ) Chester Royal Infirmary)			HV ) ) weekly DN )
Ellesmere Port		HV weekly	
Clatterbridge	Geriatric and Clinics in Neston		

Leighton	HV weekly	HV weekly	
Altrincham			HV weekly DN 3 visits
Denzell			HV weekly
Sale OPD		HV weekly	
Withington OPD		HV weekly	
Duchess of York		HV weekly	
Withington	HV & DN & geriatrician		
Cranford Lodge	DN weekly		
Pendlebury		HV ward round	
Wythenshawe		HV twice weekly	
Stepping Hill	HV twice weekly		
St. Thomas Hospital	HV & DN weekly		
Gartside Street OPD		HV OPD	
Macclesfield	HV weekly		
Ashton General		HV OPD & ward round	DN weekly rounds & visits 3 times weekly

The information gained from these visits is most valuable in the care of the patients. Arrangements have continued for staff to observe each other's work on an exchange basis.

Regular meetings between staff are arranged in the West Cheshire Hospital and some of the areas. Discussions take place at these meetings on care of patients and how communications can be improved.

All this exchange of ideas and staff between community and hospital should help in the integration of the health services in 1974.

## TRAINING

### Midwifery

The five hospitals providing midwifery training — West Cheshire, Clatterbridge, Leighton, West Park, Macclesfield and Wythenshawe — have continued to train Part II pupils with the co-operation of Cheshire. We are grateful to all lecturers from other departments who assist in the community care programme. The 20 teaching midwives in the county trained 48 pupil midwives during the year.

Discussions have taken place and approval given for Leighton Hospital to provide the one-year integrated training in 1973. Student midwives will be with the district midwives earlier in their training in future.

### Health Visitor

Fifteen health visitors were sponsored by Cheshire and completed their training in September 1972; all were successful.

Fourteen health visitors commenced their training in 1972.

The 19 field work instructors also partake in the training of student health visitors not sponsored by Cheshire. Of these there were three who completed their training in 1972 and nine who commenced training in 1972.

Nine health visitors were undergoing training to be a field work instructor.

## **District Nurse**

Seven nurses commenced the course for state enrolled nurses, five completed it and were successful in the national certificate district nursing (E) examination.

Sixteen nurses were selected to attend the practical work instructors course.

Nine district nurses commencing the SRN course in September completed it in January 1973.

54 nursing auxiliaries attended the two courses arranged in the year.

Six sessions of theoretical training were given covering such subjects as the nursing team, attitudes of patients and their relatives, confidentiality, personal hygiene, prevention of accidents, nutrition and diet, and practical demonstrations. The practical training was augmented by the SRN district nurse on the district.

## **In-Service**

The senior health visitors are responsible for training staff in techniques of hearing screening and paediatric developmental examinations. During the year 40 health visitors were instructed in the screening of hearing, 53 health visitors in parentcraft teaching and 24 clinic nurses in screening of hearing.

## **Various**

Refresher Courses have been attended by midwives, health visitors and district nurses.

Attendance at day conferences has been allowed on various subjects — Briggs Report, care of the aged etc. Towards the end of the year arrangements were made for field staff to attend courses on the reorganisation of the health service.

Management courses have been attended by area nursing officers and some of the senior staff.

A six-week course (G.N.C. Syllabus 1969) was attended by 18 student nurses from Altrincham, Clatterbridge, Leighton and Macclesfield Hospitals.

Study days were organised at the Nurse Training Centre, Northwich. The practical experience was supervised by the field staff within the area under the guidance of the area nursing officers. Observation visits were made to social service department establishments. The training was appreciated by the students, giving them a wider insight into people's problems.

## **NURSING STAFF COUNCIL**

The Nursing Staff Council met on six occasions during the year. This enables representatives from field level to discuss problems affecting them and bring them to the notice of top management. A change may occur with the appointment of nursing officers — which means many problems are solved at local level.

# **MEDICO-SOCIAL LIAISON**





## MEDICO-SOCIAL LIAISON

The fundamental premise of the Seeborn Committee, and the premise upon which the Social Service Act 1971 was based, was that people in need of help would have their requirements met in an improved manner if field workers of the three departments, children, welfare and mental health, were united into one department and each of the field workers became generic, with the combined resources and skills of the three previously separate departments at their disposal.

The major problem to which the 1971 Act gave rise was the extent to which social workers previously specialising in one discipline would be able readily to absorb, and become efficient in, the other two. This problem was foreseen, and it was realised that possibly a year or two would pass before the clinical expertise of the generic social worker could be said to have reached the optimum level possible.

Clearly the concern of a health department at a time of change is to give intensive help to the new department so that it can discharge its new responsibilities in the most effective manner; from the mental health aspect one of the ways this was achieved was by seconding Dr. Blyth as adviser to the social service department with special emphasis on providing guidance both in policy formation and with individual cases in the field of mental disorder. This role, started in April 1971 and continued throughout 1972, meant that experience gained over many years was readily available to the new department. This proved particularly relevant when after publication of the Department of Health and Social Security White Paper "Better Services for the Mentally Handicapped" a working party was set up in 1972 to investigate fully the county council's services for the mentally handicapped, and to make recommendations extending over the next ten to fifteen years in the light of standards as outlined in the White Paper.

Following the conclusion of the working party's task in relation to the mentally handicapped, they turned their attention to the services for the mentally ill and again produced meaningful recommendations for consideration by Committee at a time when there were no White Paper guide lines upon which a social service department could base its plans.

Both the above sets of plans and recommendations have been an important factor in the construction of the ten-year plan which the Department of Health and Social Security required from social service departments.

In considering the needs of the handicapped, the deprived and all those who, though not falling into a well-defined category are clearly in need of help, it is clear that the problem which exists in most cases contains both a medical and a social component. Which of these factors is dominant is not of paramount importance; what is important is that professional workers can readily bring their resources and skills to the relief of the problem, and in doing so, fully understand and appreciate the strengths and limitations of their colleagues, whether they are social workers on the one hand or medical practitioners on the other.

Such understanding and liaison between medical personnel and social workers must pervade the whole organisation, and with this in mind, regular periodic meetings took place during 1972 between the medical officer of health and his staff and the director of social services and his staff. On the agenda of such meetings were items which called for careful discussion and the formation of an agreed joint policy towards those in need of help. Policy thus formed and passed through divisions to areas has been a vital factor in ensuring the ever-increasing co-operation between doctors and social workers in endeavouring to meet the client's needs.

Items which have been usefully discussed at the above-mentioned meetings are many and wide-ranging, and the following short selection highlights the importance of the matters under consideration and their diversity.

1. To consider long-term planning of services for the severely subnormal child now in a special care unit of a day special school, when such a child reaches the age of 16 years.
2. Relationship between health visitors and social workers — to consider need for inter-professional discussions on training.
3. To discuss the most effective way that two departments can co-operate to combat the problem known as the "battered baby syndrome."

Co-operation and liaison at all levels will always depend on a variety of factors, but no matter how willing professional workers are to develop a corporate approach to the solution of problems, they can be helped or hindered by such mundane factors as the boundary of the area in which they have a professional responsibility. Though everybody would agree that to have administrative areas identical for each of the many provisions to which a community is entitled would be highly desirable, such an arrangement is not always wholly feasible for many sound reasons; however, so closely fused are the medical and social problems of clients that it is of the utmost importance that administrative areas of a social services department and those of a health department or authority be as coterminous as it is possible to make them, as only in this way will the corporate approach to problems be really workable. During 1972 useful and constructive discussion has taken place on how areas can be planned, bearing in mind the future local government reorganisation and the restructuring of the National Health Service.

Mention has been made earlier of the transfer of mental health services to social service departments following the Social Services Act, and the need has been stressed for ever-increasing support which it is necessary for the department to have in specialised fields, so that it may carry out its duties. Few would deny that the fusion which took place in April 1971 caused problems some of which are not yet solved; perhaps the most critical of the new order are some professional workers outside the social service department who feel that the supportive service which they now receive from the social service department is not as good as that which they received before April 1971. Clearly one of the important objectives must be to enable each social worker to be truly generic in his skills and knowledge, and perhaps most important of all to develop the enthusiasm for those areas of social work which before 1971 were outside his mandate. There is evidence that during 1972 the gap towards this objective was lessened. Much progress has yet to be made, but a ready co-operation and liaison at all levels between social workers and medical personnel must play its part in making the views of the Seebohm Committee a reality in terms of helping those of the community who by virtue of handicap, deprivation or other cause are clients and require help.

# **ENVIRONMENTAL HEALTH**





## ENVIRONMENTAL HEALTH

The public health section of the department has been very active in various environmental health fields during 1972, and the main areas of its activities are reported upon in this section and in the school health section of the report.

### Milk and Dairies

The traditional work has continued. This is aimed at ensuring that all milk produced, processed and sold within the county reaches the consumer in a clean, wholesome and disease-free condition.

#### (a) Milk Production

The county's role in this is to administer certain legal provisions designed to prevent the sale of diseased milk. The principal danger in these days is brucellosis, which can be conveyed in milk sold to the consumer in its "raw" state, i.e., without subjection to some heat treatment process such as pasteurisation or sterilisation.

There are 183 herds in the county from which milk is still sold raw to the public, and it is estimated that almost 70,000 people are drinking milk from these herds. Extensive sampling is carried out to protect these people, and during 1972, 17 of the herds were found to be infected by brucellosis in some degree. In such cases, the milk is diverted for pasteurisation until the herd is cleared of the infection, and the county assists by carrying out "individual cow sampling" if the producer so desires. The Ministry of Agriculture, Fisheries and Food is carrying through a programme to eliminate brucellosis from the herds of England, Scotland and Wales. This started with voluntary eradication, by which individual producers become "accredited" and this is being followed up by compulsory eradication, starting with the most disease-free areas first. Cheshire has not yet reached the compulsory stage and indeed is likely to be one of the last areas to be so dealt with. The current situation in Cheshire (February, 1973) is that, of the 3,250 milk producers in the county, of which 183 are producer-retailers, 678 are fully accredited, including 83 producer-retailers. Another 28 producer-retailers are in the process of acquiring accreditation. Thus, it can be seen that we have a long way to go yet in Cheshire before we can say that brucellosis has been finally eliminated (as tuberculosis in cattle was eliminated a few years ago). Ten human cases of brucellosis in Cheshire were reported to the department during 1972, bringing the total figure to 219 since we started keeping records in May, 1961.

#### Antibiotics

Raw milk supplies are also examined for the presence of antibiotics, and five samples were reported as containing a measurable amount. Appropriate action was taken in these cases and in all instances "repeat" samples were satisfactory.

#### (b) Milk Processing

The county council is responsible for the important functions of licensing and controlling all milk pasteurising and sterilising plants in its "food and drugs" area. No premises and plant are licensed until a satisfactory standard has been achieved, and control is then exercised by means of inspection and sampling.

At the end of the year, thirteen pasteurising establishments and one sterilising establishment were licensed.



**(c) Milk Distribution**

The county council is responsible for the licensing of all milk distributors, and of all establishments where untreated milk is bottled, other than the farms where the milk is produced.

Control is again exercised by sampling and by inspection when necessary.

At the end of the year 1,253 distributors' licences were in operation and six untreated bottling licences.

Sampling of milk supplies in course of distribution is also carried out at schools, children's and old people's homes, and day nurseries.

**(d) Sampling Statistics**

As an indication of the type of work carried out in connexion with the milk supplies of the county, a summary of samples collected during 1972 is given below:—

Premises or Distribution	Number involved	Samples taken		
		Milk	Washed Bottles	Cream (for Brucella)
Processing Dairies ... ..	14	2120	1113	—
Schools (excluding Crewe) ...	669	905	—	—
Other County premises ... ..	76	233	—	—
Dealers & Producer/Retailers ...	1436	6583	220	18
Farms (including “individual cow samples”)	183	1583	—	—
<b>TOTALS ... ..</b>	<b>2378</b>	<b>11424</b>	<b>1333</b>	<b>18</b>

**Water Supplies, Sewerage and Sewage Disposal**

The department keeps in touch with developments regarding the provision of these basic environmental services in the county, and the county council assists financially by making grants towards the provision of schemes, either under the Rural Water Supplies and Sewerage Acts 1944-71, or under Section 56 of the Local Government Act 1958.

**(a) Financial Assistance**

During the financial year which ended on 31st March, 1973, a total of £79,812 was contributed by the county council to county district councils under the Rural Water Supplies and Sewerage Acts, and £26,241 under the Local Government Act.

**(b) Schemes submitted**

During 1972, twelve schemes of sewerage and sewage disposal estimated to cost in total £1,508,569 and two water supply schemes costing £2,800, were submitted by district councils and water authorities for grants under the Rural Water Supplies and Sewerage Acts.

All these schemes were investigated in detail and, subject to agreed amendments in some cases, were approved in principle for grant purposes.

### **(c) Fluoridation of Water Supplies**

The subject was first mentioned in the report for the year 1962, and although progress is now being made, no part of the county is yet receiving fluoridated water.

However, three undertakings, namely the Mid-Cheshire Water Board, the Stockport and District Water Board, and the Manchester Water Authority, are now proceeding with schemes, and the first fluoridated supplies should be "on tap" in Cheshire either late in 1973 or early in 1974.

### **General**

#### **(1) Liaison with County Planning Department**

The department continued to assist the planning department by examining and commenting upon proposals for development containing significant environmental health factors. During 1972, 24 applications were so dealt with, and in addition the county public health officer attended a number of meetings when particular proposals were discussed.

#### **(2) Liaison with County Surveyor's Department**

This now takes mainly two forms:—

- (a) Schemes of water supply, sewerage and sewage disposal dealt with by the department are also discussed with the county surveyor so that any factors affecting highways can be raised and dealt with.
- (b) Under local government reorganisation, waste disposal becomes the responsibility of the county council, and this work is to come within the ambit of the county surveyor. A sub-group, including district authority representatives, has been set up to study the problems involved, to collect information and to submit recommendations. The county public health officer is participating in this sub-group and is also co-operating generally with the county surveyor in these matters.

#### **(3) Food Hygiene**

Matters of food hygiene continue to play an important part in the work of the section, particularly the routine inspections carried out at all school meals premises in the county, and the liaison with the county catering organiser on new developments in the catering field. Further comments on this work are made in the school health report for 1972.

#### **(4) Environmental Working Parties**

In addition to the sub-group on waste disposal mentioned above, the county public health officer has continued to serve on a committee dealing with pollution of the Mersey Estuary, a committee which studies the results of monitoring of the environment around the new fibreglass factory near Wrexham, and a working party set up to establish sites for gypsies in the county.



# **VACCINATION AND IMMUNISATION**





## VACCINATION AND IMMUNISATION

### Vaccination on persons under age 16 completed during 1972

TABLE 1. Completed Primary Courses—Number of persons under age 16.

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple D.T.P.P. ....	—	—	—	—	—	—	—
2. Triple D.T.P. ....	357	9717	4220	377	452	118	15241
3. Diphtheria/Pertussis ....	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ....	—	—	—	—	246	145	391
5. Diphtheria ....	—	—	—	—	8	—	8
6. Pertussis ....	—	—	—	—	39	24	63
7. Tetanus ....	—	—	—	—	30	383	413
8. Salk ....	—	24	21	—	—	—	45
9. Sabin ....	349	9728	4209	380	707	1398	13771
10. Measles ....	10	5526	5626	787	873	161	12983
11. Lines 1+2+3+4+5 (Diphtheria) ....	357	9717	4220	377	706	263	15640
12. Lines 1+2+3+6 (Whooping Cough) ....	357	9717	4220	377	491	142	15304
13. Lines 1+2+4+7 (Tetanus) ....	357	9717	4220	377	728	646	16045
14. Lines 1+8+9 (Polio) ....	349	9752	4230	380	707	1398	16816

TABLE 2. Rubella.

Number of girls vaccinated between their 11th and 14th birthday — 3415.

TABLE 3. Reinforcing Doses — Number of persons under age 16.

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple D.T.P.P. ....	—	—	—	—	3	1	4
2. Triple D.T.P. ....	—	70	191	38	776	174	1249
3. Diphtheria/ Pertussis ....	—	—	—	—	—	—	—
4. Diphtheria/Tetanus ....	—	7	20	15	12639	1396	1407
5. Diphtheria ....	—	—	—	—	31	12	43
6. Pertussis ....	—	—	—	—	6	—	6
7. Tetanus ....	—	—	—	—	212	1649	1861
8. Salk ....	—	—	—	—	25	5	30
9. Sabin ....	—	8	29	18	12908	2760	15723
10. Lines 1+2+3+4+5 (Diphtheria) ....	—	77	211	53	13449	1583	15373
11. Lines 1+2+3+6 (Whooping Cough) ....	—	70	191	38	785	175	1259
12. Lines 1+2+4+7 (Tetanus) ...	—	77	211	53	13630	3220	17191
13. Lines 1+8+9 (Polio) ....	—	8	29	18	12936	2766	15757

### Percentage of Children born 1970 and given full quadruple immunisation by 31.12.72:

No. Live Births 1970	No. completely immunised	% completely immunised
17631	13670	77.53%

### B.C.G.

Number of school children and students vaccinated in 1972 — 10227.



# **OCCUPATIONAL HEALTH SERVICE**



## OCCUPATIONAL HEALTH SERVICE

During 1972 the three occupational health service centres at Chester, Weaverham and Gatley were functioning to their full capacity. The new centre at Weaverham proved very useful for referrals from the Mid-Cheshire area.

### Clinical Work

The preventive medical examinations offered to senior and middle management staff were continued and during the year 106 examinations were completed. There was an increase in the number of routine re-examinations, and during the year 78 members of staff were re-examined. It should be mentioned that these were in addition to those members of staff who were re-examined because some particular condition was indicated.

The examinations of heavy goods vehicle drivers and public service vehicle drivers were continued during the year. 85 staff were examined for the H.G.V. licence and 17 for the P.S.V. licence. There is likely to be a sharp increase in respect of P.S.V. examinations for 1973, as teaching staff who drive the school minibuses are required to hold a P.S.V. licence. Arrangements have therefore been made with the director of education for all such staff to be examined.

Employing departments took full advantage of the service for the purpose of obtaining medical advice in respect of protracted sickness cases. 106 such cases were referred to the occupational health service during 1972 of which 25 were prematurely retired. It was again disappointing that it was not possible to find other work within the county council for such persons but the clerk of the county council is well aware of this problem. It is hoped that when the future of the Cheshire county occupational health service is being considered, some provision will be made to ease this problem. In connexion with some long-term absence referrals it was noted that in some cases the occupational health medical officers were being asked to give a medical decision for what would appear to be a management problem. In all cases, the occupational health medical officer interviewed the person concerned and the appropriate advice was given to the employing department. In certain cases, the fact that the staff were being referred for medical examination was sufficient to get the person to return to work.

The chief fire officer again made full use of the service for the purpose of referring all new full-time appointments to the county fire service. Review examinations of firemen over 40 years of age were continued, and during the year 115 such examinations were completed. In addition the occupational health service was asked to give medical advice on certain problem cases and 17 officers were examined during the year. Medical advice in connexion with the Firemen's Pension Scheme Order was also given, and 10 firemen were medically examined.

In the last report it was mentioned that the occupational health service would give medical advice in regard to school crossing patrol staff. It was agreed that all staff should have a hearing and vision test every five years, but patrol staff aged 65 years or over would require a full medical examination annually in addition to the hearing and vision test. 117 hearing and vision tests were completed on staff with over five years' service and 38 tests on staff over the age of 65 years. Any staff who failed to reach the required standard were re-tested before the police authority was notified of the result. At this point I should like to express my thanks to the audiometricians employed in the child health section of the department for their assistance in this matter.



## **Environmental Matters**

During the year inspections were made of areas of county buildings where recognised hazards existed. These included certain photographic print rooms where ammonia fumes are adequately vented to the outside air — parts of the office complex where two- and three-phase electricity is in use, e.g. the computer unit where staff are on shift work when the rest of the office complex is empty. This has required first aid training for the unit and the provision of first aid and other resuscitation equipment.

## **Influenza**

In December it seemed apparent that the country would again be faced with an influenza epidemic. Having been forewarned that the virus would be different from previous years efforts were made to obtain the new strain of vaccine. This was successful, and as in previous years the occupational health service organised vaccination sessions for "key personnel" at county hall and other parts of the county. Some 1,500 doses of the vaccine were obtained and distributed throughout the county for the vaccination of key personnel; I would thank the divisional medical officers for their help in carrying through this programme.

## **Rubella**

A scheme for testing for rubella in teachers, nursing staff, and female members of the social services department was carried out early in the year. 899 staff required testing, of whom 779 were actually tested. My thanks are again offered to the divisional medical officers for their assistance in this matter.

## **Future of the Occupational Health Service**

Since the formation of the service in 1969 the progressive evolution of the service and the work-load have increased to such a degree that the need for a full-time medical officer is becoming imminent. Such an appointment is likely to take place after reorganisation of local government and the national health service.

Meetings with the management advisory unit have taken place to discuss the future prospects for a Cheshire county administered service — there is no provision at the present time for secondment of staff from the national health service to the local authority for occupational health work, as there will be for school health, environmental health and liaison with social services.

With the aid of the management advisory unit, a total review of the activities of the service has been undertaken. The purpose of this was to produce a brief for the future full-time staffing of an occupational health unit. It is not envisaged that the occupational health service will extend beyond the provision of services to local district councils within the county area. To extend the facility to include small factories, or other industrial complexes not big enough to maintain their own service, would present difficulties.

## **Liaison with Universities and Hospitals**

The medical officers of the service are again grateful to Professor Lee of Manchester university for his advice and guidance on occupational health matters. Our thanks are also extended to the consultants in medicine and radiology at the Chester Royal Infirmary and to the special unit at Sefton general hospital for the facilities for blood lipid examinations.

# RESEARCH



## RESEARCH

The year showed a steady continuation of the work of the section, though the commencement of new projects was somewhat curtailed due to a period of staff shortage. Early in the year Mrs. A. Coffey left the section, and following a period when the section was short-staffed we were pleased to welcome to the section Mrs. H. Shelmerdine, M.A., who joined us in August after graduating from Aberdeen University.

1972 also saw changes to the administration of the section. The work carried out by Mr. O'Connor in connexion with committee reports, library and information services, etc., was continued by him in a newly-created section, the intelligence section. The other aspects of the research section was linked with the computer preparation section, as increasingly these two aspects of work related to one another. Mr. M. Rigby became responsible for the work of the two joint sections.

So far as computer-managed preventive medical services were concerned, the major event of 1972 was the introduction of the computer-managed developmental paediatric service. All children born after 1st January, 1972, are included in this scheme, which so far has worked well. The cervical cytology service continued to expand, and is now operating in five towns in the centre of the county. (See also under "Family Health").

A number of research reports were completed during the year. The home accidents survey, having been terminated at the end of 1971, was analysed and a report produced showing the pattern of accidents throughout the county. The study of the pattern of major accidents nationally was also analysed and reported on during the year in question, and conclusions drawn as to the likely future pattern of major accidents in Cheshire and elsewhere. Another report which should help plan for future services was the preparation of a schedule of services theoretically required in a model population of 10,000 persons. Following a study in conjunction with the West Cheshire hospital group, a report was produced on the pattern of hospital-generated demand for ambulance journeys. Finally, at the request of the health education officer and director of nursing services, an evaluation was carried out of the in-service health education training course for health visitors.

A number of other projects continued in operation collecting data. Most significant of these were the studies of post-neonatal infant mortality, of domiciliary family planning provision, and geriatric screening services. One major new project was commenced during the year, a study of the effect of first-line management on the normal nursing case loads of the first-line managers involved.

Another important and time-consuming sphere of work during the year was the production of a wide variety of statistics and reports connected with health service reorganisation. In preparation for planning the new health service, the research section was asked to look at a variety of problems related to patient requirements or provision of health services. Most of this was done by reference to statistics already available or by obtaining special analyses of work returns. Work also started in conjunction with the child health section on the design of a computer-managed school health service based upon the pattern of the developmental paediatrics scheme, but liaising with other departments of the county council.

Liaison was also established or maintained with a number of outside bodies. A system of exchange of vital statistics was established with the Runcorn Development Corporation, and information was obtained for the Office of Population Censuses and Surveys and the National Public Health Laboratories in connexion with studies being run into viral infections in pregnancy and pertussis immunisation

respectively. The West Cheshire committee on drugs also asked for discussions into the possibility of a study on drug abuse.

On reflection, the work carried out during 1972 has not produced many major items, but it has been invaluable in helping to develop an efficient pattern of health services in Cheshire and prepare for a reorganised and integrated health service in 1974. The section has had more requests than it could handle for small reports, items of information, or recommendations as to developments of the service. It is hoped that this pattern may continue into the future, with consequent benefits to the public service.



# **AMBULANCE SERVICE**



## AMBULANCE SERVICE

Since the introduction of residential training for ambulancemen additional training in hospitals has been approved. During the year staff have been attached to hospitals for a period of a week, and have gained first-hand experience of treating casualties. The accent is on immediate remedial treatment, e.g. resuscitation, aspiration, maintenance of airways and caring for the coronary patient. Further experience is gained in fracture clinics and maternity units. Staff are attached to their local hospital whenever possible, thus a good working relationship is created between doctors, nurses and ambulancemen which has a lasting effect for the ultimate benefit of the patient.

The future of Wrenbury Hall as a regional training centre has been considered, and estimates have been submitted to the Department of Health and Social Security for its development as a modern 40-place training school.

The increased cost of rail travel and difficulties of accommodating stretcher patients in modern rolling stock have led to the introduction of two "estate car" ambulances based at Crewe and Altrincham respectively. The success of these vehicles in respect of patient comfort and reduced journey time has been such that four more such vehicles will be purchased next year.

A change in national policy with regard to ambulance radio equipment required amplitude-modulated equipment to be replaced by frequency-modulated equipment. The new equipment gives an excellent performance; it is compatible with that used by Warrington and Chester County Boroughs and will thus ease the reorganisation of communications in 1974.

Instead of the annual major accident exercise, tactical exercises were held this year at Northwich Memorial Hall for three days enabling police, fire and ambulance staff to study problems together. The results of the TEWTs will be tested in the field during the spring of 1973.

A new uniform style has been introduced which is popular with the staff and has attracted favourable comment from the public.

In March the new ambulance station in Congleton became operational, followed by Winsford and Sandbach in April.

Preparations for the reorganisation of the service in 1974 have taken much time. As it is controlled and managed centrally it does not fragment easily. Hoylake, Heswall and Bebington stations will be integrated with the new metropolitan service based on Merseyside. In the east, Altrincham, Cheadle, Hazel Grove and Dukinfield stations, also the Cheadle Control, will form part of the Greater Manchester metropolitan service. The new ambulance service in Cheshire will include the present county borough services of Chester and Warrington, also the Widnes station of the Lancashire ambulance service. All senior supervising staff have attended local integration courses which have given them a better understanding of the problems and potential of re-organisation.

The year's statistics show the continuing heavy demands upon the service, especially for accident and emergency cases, with increasing complexity in types of injury, and greater demands upon the skill and training of ambulance personnel:—

				1970/71	1971/72	1972/73
Journeys	...	...	...	66,749	73,048	72,227
Patients	...	...	...	374,848	394,992	400,510
Mileage	...	...	...	2,148,472	2,262,970	2,325,651
Accidents and Emergencies	...	...	...	24,925	27,120	26,454

## Staff Establishment

The staff establishment at 31 March 1972 was:—

County Ambulance Officer	...	...	...	1
Deputy Ambulance Officer	...	...	...	1
Assistant Ambulance Officer (Control)	...	...	...	2
Superintendents (Area & Training)	...	...	...	7
Station Officer Cl. 2 (Instructor)	...	...	...	3
Station Officer Cl. 2 (Control)	...	...	...	17
Station Officer Cl. 1	...	...	...	10
Sub-officer	...	...	...	30
Ambulanceman/Sitting-case driver	...	...	...	264
Telex Operator	...	...	...	3
Mechanic	...	...	...	6
Other (Cleaner, Domestic, etc.)	...	...	...	7
Attendant (part-time)	...	...	...	16
				<hr/>
				367
				<hr/>

# **HEALTH EDUCATION**





## HEALTH EDUCATION

This report is being written at a time when the reorganisation of the health service is becoming a reality. The changes will affect the practice of health education to a considerable extent, and will necessitate much thought and planning to ensure the effective contribution of health education to future health care programmes.

The year ahead will be one of intensive planning, but this will not hinder continuing the programme already established and building upon it.

Much has been said in past reports of the need to provide adequate staff and finance if health education is to be an effective force in terms of preventive medicine. Unfortunately the subject is still treated as a luxury by many, no doubt partly on the grounds that it is unable to present obvious results. For those responsible for distributing the financial resources available and determining priorities, the difficulties are obvious. However, we should not judge the effectiveness of health education solely by those who have given up smoking, changed dietary habits, stopped taking drugs, etc., but think of all those who might be considered as the "unknown" who through an educational programme were persuaded not to start.

The year 1972 has been one of the most exciting spent in the service of Cheshire county council, as many new projects were commenced and in the case of two — birth control and venereal diseases — the committee are to be congratulated on their farsightedness in agreeing to the posters designed for these campaigns. As will be noticed in the report under the appropriate subject, their approval has been well justified.

### Health Education in Schools

Previous reports have referred to the work going on to encourage active participation of schools in the area of health education. This now seems to be taking effect, as many schools are now running a programme. The director of education wrote to all secondary and grammar schools asking for information on the head teachers' inclusion of venereal disease in the school health education curriculum, and the following information was obtained. 75 schools are undertaking a programme of health education and from the reports received 80% were considered satisfactory. Many schools as a direct result of the letter contacted the section asking for advice, guidance, and speakers from the medical and nursing service.

The quantity of drug-taking among young people still gives cause for concern, partly because it is difficult to determine just how much actual misuse of drugs is prevalent in our society. However, efforts have continued to be made to combat this problem in the field of education. Teachers can play an important role in drug education, but many of them expressed doubt of their ability to discuss this subject with young people. To help teachers, four one-day conferences were held throughout the county, and these were given the status by the director of education as a county course; a total of 180 teachers attended the four conferences. In response to many requests these are now being followed up by discussion groups comprising teachers who attended the conferences. It is hoped that as a result a pattern of education may emerge which will prove effective in discussing with young people the avoidance of drug misuse.

In the field of sex education many parents, particularly of primary school children prefer to undertake sex education themselves rather than leave it to the school. This is a policy which is respected, provided the parents have the knowledge and understanding to approach the matter in an unembarrassing and positive manner. To help parents a short evening course of four sessions has been devised and tried out at one

school. The response was encouraging and as a result a number of schools have been offered this service.

### **Voluntary Organisations**

Family Planning Association—the health education officer was elected to serve a further term on the newly constituted Family Planning Association, Cheshire and Merseyside Branch. Due to the administrative work involved in the re-organisation little activity had taken place with regard to the report on family planning health education. Now that the county are to take over this service it is hoped that some of the suggestions recommended in that report may be re-examined.

Merseyside Drug Council—The health education officer has also been asked to serve on this Council and has attended one meeting to date. There is little relevant to report yet but it seems a useful contact, particularly as the health education officer is also a member of the West Cheshire advisory committee on drug abuse.

### **Home Safety Voluntary Committees**

It was reported in the 1971 annual report that the deputy county medical officer and the health education officer attended meetings of the borough and rural district councils to speak on local authority participation in home safety. Although some initial interest was expressed subsequently by a few councils, it is regretted that no council has chosen to institute a voluntary committee. However, those at Bebington and Altrincham, Bowdon, Bucklow, Hale and Lymm continue to flourish, and the health education officer or his assistant attends their quarterly meetings.

The Lancashire-Cheshire home safety council was thus attended on three occasions, and the health education officer put forward a resolution that the National Home Safety Council consider warnings being placed on all tins of polish to the effect that their contents are inflammable, and that oil, electric and gas fires should have a conical or slanting surface to prevent people particularly the aged from putting inflammable things on top of the stoves. This was prompted by knowledge of a fatal accident where a tin of polish was placed on top of a stove to melt the wax. The Council considered the resolution, and decided to write to RoSPA on this matter for a decision on whether to refer it to the National Home Safety Council.

### **Campaigns**

Following a recommendation of the Health Committee a campaign was started to inform the public of treatment centres for the sexually transmitted diseases. A great deal of thought was given to how this campaign should be conducted and it was finally agreed that a suitable advertisement be placed in the yellow pages of the telephone directory and that posters be displayed to publicise this fact. Three posters were produced which were intended to be eye-catching, perhaps provocative, and advertised the special clinics as follows "It is easy to find the address of the Special Clinic — look in the yellow pages of the telephone directory under Clinics and remember treatment is free and confidential."

There was some doubt as to acceptance of these posters by the public, but events seem to have proved their justification. Only two letters of complaint were received, both from people living outside Cheshire, but as against that, requests were received for copies as follows: —

17 U.K. Local Authorities	...	...	...	381
U.S.A.	...	...	...	15
Canada	...	...	...	3
Germany	...	...	...	3
Family Planning Association and Colleges of Education				36



In the Cheshire campaign posters were issued to coincide with the new telephone directory and various methods of distribution were evaluated. The greatest response came from the division where health visitors were asked to make contact with all the local firms and another division where one member of staff visited 50 factories and obtained 48 acceptances. It is obvious that personal contact is the most effective, but one must bear in mind staff time in relation to this. With this point in mind, an agency was employed to distribute birth control posters (see below) and it may well prove cheaper to employ agencies rather than utilize staff time.

An evaluation is being attempted by staff of special clinics requesting patients to complete a questionnaire which asks where the patient received information about the clinic. The secondary value of such a campaign, not statistically measurable, is the change in attitude which could be effected by the general public to sexually transmitted diseases. In the past emphasis on the moral implication of contracting the disease has hindered open discussion, thus often resulting in a wall of ignorance.

### **Birth Control**

Two posters were also produced on birth control, one directed to the population in general and the other to the male section of the population. The aim of the posters is to indicate that birth control advice is readily available and to provide details of where to go for information and help. They also aim at making the male population realize that they too have a responsibility for birth control.

The introduction of the posters through a press conference brought widespread publicity and 1,342 have been sold to: —

- 13 Local Authorities.
- 5 F.P.A. Branches.
- 4 Brook Advisory Centres.
- 3 Birth Control Campaign Groups.
- 3 Countries overseas.

In addition a further 29 authorities and organisations have requested samples. The comments and response received have certainly justified the members' decision to have these particular posters printed.

So far one campaign has been held in the Crewe/Nantwich and Sandbach area. The posters were distributed through an advertising agency to shops and factories. To attempt an evaluation of response the agency followed up each factory which agreed to display posters to see if in fact they did so or whether they were merely putting off the interviewer. The breakdown shows that 13 companies displayed, 4 did not display, 1 company lost the poster and 2 companies "did not receive posters."

In addition 100 posters were delivered to shops in the area—69 companies were very interested, 12 not interested, and 19 vaguely interested.

During the month of June in the same district a birth control campaign was held in conjunction with the Health Education Council. Their mobile exhibition unit was provided, together with technical and advisory staff. The unit was manned by health visitors, midwives and health education staff.

The unit included a panel of contraceptive methods, magnetic teaching board, poster display, internal telephone answering service, films, slides and a quiz board. It was used not solely as an exhibition but to enable the public to discuss the question of birth control with a view to forming a responsible attitude. As the availability of the unit coincided with the county show it was decided to display it there.

During the month the unit was exhibited as follows: —

<i>Venue</i>	<i>Number Attending</i>
County Show ... ..	1,141
Reaseheath Agricultural College ... ..	16
Leighton Hospital ... ..	106
Crewe College of Education ... ..	364
South Cheshire College of Further Education ... ..	611
Alsager College of Education ... ..	240
Nantwich Town Centre ... ..	126
Crewe Town Centre ... ..	234
E.R.F. Factory ... ..	160
Sandbach Market ... ..	98
<b>TOTAL</b> ... ..	<b>3,096</b>

This was the first time the Health Education Council had used the unit on this particular subject, and they felt it was a useful exercise which could be monitored for future occasions. At their request we completed an objective report on the administrative problems involved in the planning and on the public attitude, which they propose to use as a basis for a report on the use of the mobile unit for birth control exhibitions.

### **In-Service Training**

Courses continued to be held for staff to keep them informed of the latest trends in health education and techniques of communication. This is an important part of the work, as health education can only be effective with the active participation of field staff.

In addition, the health education officer spoke to many other groups such as teachers, students, social workers and hospital nurses on the role they have in the field of health education.

### **Lectures**

The trained team of health educators from medical and health visiting staff undertook the following engagements during the year: —

Schools ... ..	113
Voluntary Organisations ... ..	94
Other ... ..	5

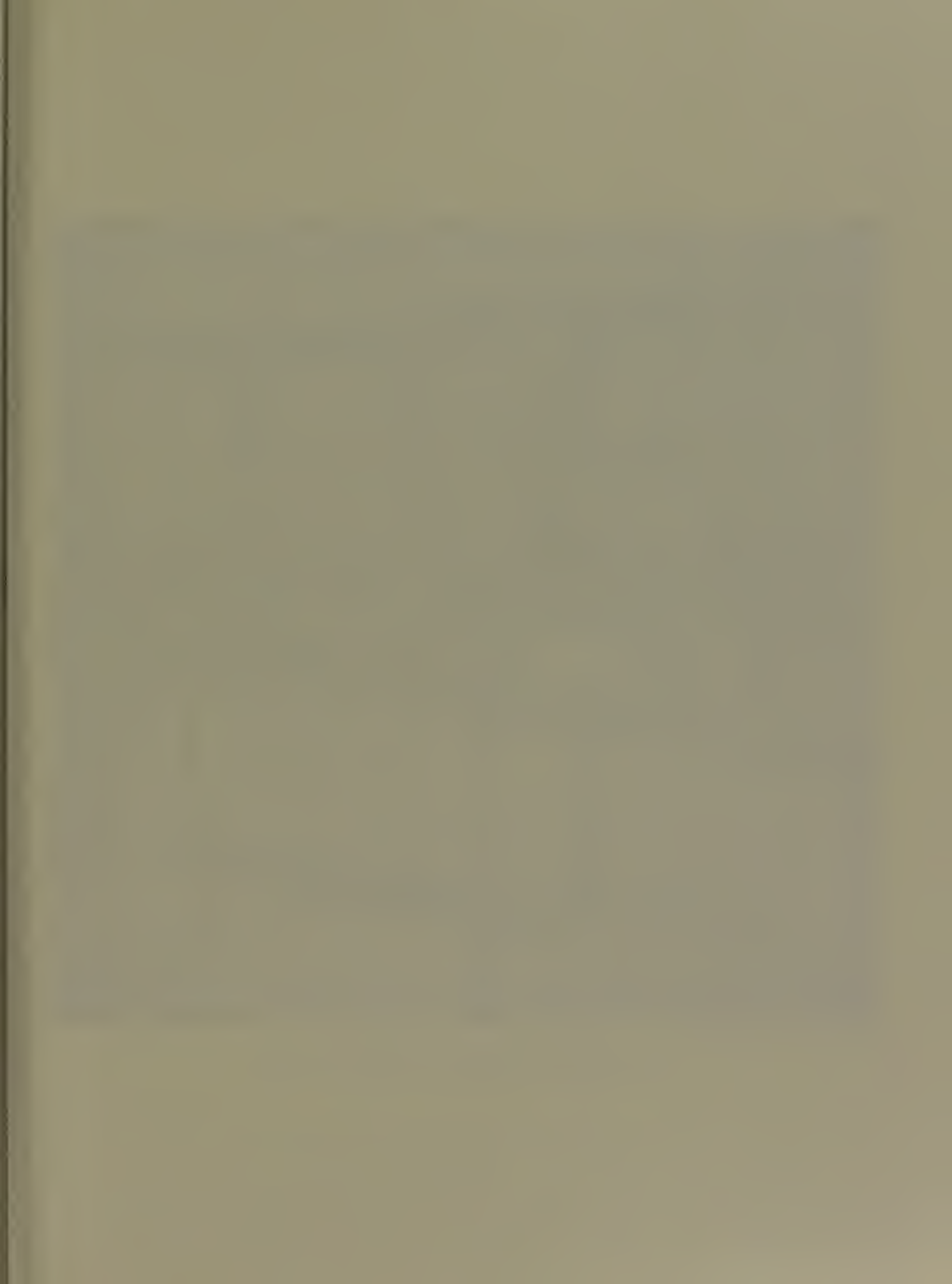
### **Requests**

The clerical assistant was kept very busy providing visual aids, equipment, leaflets, posters, etc., to staff and others to supplement their speaking engagements, i.e.: —

Schools ... ..	81
Students ... ..	6
Youth Centres ... ..	6
Health Staff ... ..	410

As has already been mentioned, the success of a health education programme depends very much on involvement of the field staff and consequently on the co-operation received from the senior medical and nursing staff. This has readily been forthcoming over the year, and it would not be right to conclude this report without sincere thanks for their support, and appreciation of the staff concerned who have so readily given up many evenings to address various organisations.







CHILD DEVELOPMENT MATERIAL  
CLINIC CENTRE DISPLAY BY HEALTH VISITORS

# **VARIOUS**



## VARIOUS

### Chiropody Service

The staff consists of a chief chiropodist, eight senior full-time and two senior sessional chiropodists. They undertake clinical and domiciliary treatments and participate in health education. There are 43 clinics at present operating throughout the county.

The county also arrange with private chiropodists on the approved list to treat patients in their own surgeries or at home.

Persons eligible for treatment are those who are over 65: physically handicapped, expectant mothers, and school children.

At the beginning of the year discussions were held on case-loading per session, and it was agreed that more could be taken. The result has been that the total number of patients receiving treatment has increased without detriment to the high standard of treatment.

During the year, the chief chiropodist was requested by the health education officer and the area nursing officers to give talks to health visitors and hospital student nurses. These talks formed part of the health education in-service training courses, and were designed to inform on chiropodial conditions and to give a broader appreciation of the chiropody service.

It was considered that inadequate literature was available to the general public on matters relating to care of the feet. In consequence the chief chiropodist and the health education officer produced a pamphlet designed to make the public more aware of their feet and how to look after them. It has been directed mainly at the elderly and attempts to assist them not only to look after their feet, but also to recognise and seek treatment for their ailments. Special care was taken to ensure that the advice given could be implemented by those suffering from conditions which prevented them from reaching their feet.

A milestone in chiropody was achieved this year with the introduction of local analgesia training courses. The courses are in two parts and are being held at the Northern College of Chiropody, Manchester. The first part is being attended by three members of staff and will not be concluded until March, 1973. The second part was held from September to December and was attended by two members of staff. Both were successful, and are now proficient in the technique of local anaesthesia. The technique is designed to give a total digital nerve block thus allowing such conditions as ingrowing toe-nails and neuro-vascular corns to be treated quite painlessly. Anaesthetization of the plantar surface is, at present, not possible but research is being carried out to find a way round the problem. Negotiations are under way to hold these courses at the Post-Graduate Medical Centre, Clatterbridge, and if successful we could utilise their facilities.

The following table gives a summary of the patients treated over the last 3 years:—

	1970	1971	1972
Number of Cases ... ..	15050	16414	15985
Number of Treatments ... ..	76882	80749	83073

### Convalescence

Convalescence is arranged upon medical recommendation for approved applicants, usually two or three weeks after a period of illness at home.



The number of persons for whom recuperative convalescence was arranged in 1972 is shown below, together with the numbers for the previous two years.

1970 — 166  
1971 — 121  
1972 — 129

### **Registration of Nursing Homes**

It is the responsibility of the county health committee to register private nursing homes under the Public Health Act, 1936. At the end of 1972 the position was as follows:—

New homes opened during 1972	—	1
Homes closed during 1972	—	2
No. of homes registered at 31.12.72	—	18
Total number of beds available at 31.12.72	—	332

In addition to the 18 homes shown in the table above two homes — a 400-bed psychiatric hospital and a psychiatric centre of eight beds — are registered as mental nursing homes in accordance with the provisions of the Mental Health Act 1959. The latter home was registered during 1972.

### **Nursing Agencies**

Two nursing agencies were registered in 1972 under the Nurses Agencies Act 1957, making a total of three registered by the county council.

### **Home Dialysis**

During 1972 the Regional Urological Units at Manchester and Liverpool notified the Authority of a total of 7 patients for whom adaptations/extensions to their homes, or the provision of prefabricated portable units, were required to enable the Urological Units to install artificial kidney machines so that selected patients could be allowed to undertake haemodialysis in their own homes.

### **Driving Licence Referrals and Shotgun Licences**

The health department has for many years provided medical advice to the licensing authority for driving licences, and to the Police Authority who are responsible for licensing shotguns.

#### *Driving Licences*

The number of driving licence applications referred to the department for a medical opinion has increased considerably since the revision of the regulations in June 1970.

In 1972 509 applications were referred to the department for consideration.

No. of licences granted in 1972	...	...	...	...	...	447
No. of licences not granted in 1972	...	...	...	...	...	48
No. of licences withdrawn in 1972	...	...	...	...	...	5
No. of licences surrendered or revoked in 1972	...	...	...	...	...	9

	Granted	Not granted	Application withdrawn	Surrendered or revoked
Epilepsy ... ..	272	31	4	2
Heart condition ... ..	17	2	1	—
Paralysis ... ..	16	—	—	—
Diabetes ... ..	39	—	—	1
Other conditions ... ..	165	15	—	6
	<hr/> 509 <hr/>	<hr/> 48 <hr/>	<hr/> 5 <hr/>	<hr/> 9 <hr/>

The tables above show that 62 applicants were not allowed to drive. The effect of the easing of the regulations for those with epilepsy is shown by the figures. Of 272 cases of epilepsy only 31 were not granted licences. Four persons with epilepsy had their existing licences withdrawn, and two were surrendered, as was one by a driver suffering from diabetes.

#### *Firearms Act 1968*

Cases are referred from the police authority under the Firearms Act 1968 on grounds of suspected mental instability or medical conditions likely to lead to sudden unconsciousness. It was recommended that one shotgun licence should be refused during the year under review.

#### **Divisional Activities**

The divisional medical officer for West Cheshire writes as follows: —

##### *Health Care Planning — Ellesmere Port*

The Regional Hospital Board recently published a plan for the redevelopment of the site of Ellesmere Port Hospital.

It is intended to develop the site as a “community hospital” which will contain 90 beds.

60 beds would be provided for geriatrics in association with a day hospital, and at a later stage an additional 30 beds would be provided for use by patients under the care of their general practitioners.

The development plan also includes provision for a new out-patients department, which would include accommodation for the community nursing and medical services.

On the same site there is already a group practice centre which is staffed by eleven general practitioners.

The plans for the development were drawn up by the regional hospital board in consultation with the county health department and executive council.

It is hoped that when the development is complete it will have brought all the disciplines of the health services together on one site.

Progress in this scheme awaits the provision of finance and approval by the new authorities.

##### *Liaison with Social Services*

Regular meetings have been held with the two area social services officers whose areas serve our division.

Resulting from these meetings two trial methods for attachment of social workers to general practitioners have been set up.

At Great Sutton health centre the social worker is attached to the centre, which is the base for seven general practitioners have been set up.

At the group practice centre in Whitby where eleven practitioners are based, the social workers have been attached to individual partnerships. This has meant that the primary health care team of doctors, nurse, midwife, health visitor and social worker is almost complete.

The success of the schemes depends greatly on the goodwill of all team members and care is being taken to ensure that they can be evaluated.

The result of this evaluation will determine whether or not the idea is extended to other groups.

# **HEALTH SERVICE STATISTICS**





## CHILD HEALTH AND NURSING SERVICES

### Dental Service (Mothers and Young Children)

	Children 0—5	Expectant & Nursing Mothers
Visits for treatment .....	6003	2395
Number of teeth filled .....	2954	1519
Number of teeth extracted .....	1721	725
Patients given first inspection .....	3144	688
Number of patients requiring treatment .....	1942	655
Number offered treatment .....	1910	49

### Ante-Natal Clinics and Relaxation Classes

Ante-Natal Clinics				Relaxation Classes
Number attending for Examination		Number of Sessions held by		No. Attending
Ante-Natal	Post-Natal	Midwives	Doctors	
12717	103	234	624	4002

### Child Health Clinics

	HEALTH CENTRES	CLINIC CENTRES			
		Purpose Built	Adapted	Sessional	Total
Number of premises in use 31.12.72 .....	13	37	24	55	129

Number of Children Attending				Number of Sessions held			
Born 1972	Born 1971	Born 1967-70	Total	Medical Officers	Health Visitors	G.P.s	Total
14968	11701	10263	36932	1265	2088	4407	7760

### Premature Babies

Weight at Birth	Number born Alive	Died in first 24 hours	Died 1—27 days
1000 g. (2 lbs. 3 ozs. or less) ...	25	16	8
1001-1500 g. (Over 2 lbs. 3 ozs.)	64	16	12
1501-2000 g. (Over 3 lbs. 4 ozs.)	170	17	8
2001-2250 g. (Over 4 lbs. 6 ozs.)	244	4	11
2251-2500 g. (Over 4 lbs. 15 ozs.)	467	6	6
Total .....	936	59	45

### Notification of births (live and still)

Distribution of births notified under Public Health Act 1936:

Domiciliary	Institutional	Total
1424	16004	17428

## Health Visiting

**Table 1 — Cases seen by Health Visitors during year**

Type of Case	Total number of cases seen	Number of cases seen at special request of:	
		Hospital	GP
Children born in 1972 .....	17,688	59	245
Other children aged under 5 .....	35,582	161	1,019
Persons aged between 5 and 16 .....	2,816	95	647
Persons aged between 17 and 64 .....	4,944	300	2,280
Persons aged 65 and over .....	11,491	573	6,397
Households visited on account of tuberculosis .....	563	81	116
Households visited on account of other infectious diseases .....	253	8	122
Households visited for any other reason ...	3,745	138	1,015
Total .....	77,082	1,415	11,841

### Number of persons included in lines 1-5 above who are:—

Mentally handicapped .....	356	20	135
Mentally ill .....	435	22	239

**Table 2 — Health Education Sessions (at least 30 minutes)**

### Number attended by health visitors:—

At health centres .....	807
At GP premises (excluding those in health centres) .....	245
At maternity and child health centres .....	1,501
At school .....	270
In hospital .....	95
Elsewhere .....	240
Total .....	3,153

**Table 3 — Case Conferences (at least 30 minutes)**

### Number attended by health visitors with:—

Social Workers .....	403
Hospital Staff .....	257
General practitioners .....	445
Any combination of above .....	68
Others (i.e. none of the above present) .....	414
Total .....	1,582

## Home Nursing

Place where first treatment during year by the home nurse took place	Under 5	5-64	65 and over	Total
Patient's home ... ..	602	9118	16599	26319
Health Centres ... ..	2540	4490	1358	8388
G.P.s' premises (excluding those in health centres)	4833	1375	2911	15119
Maternity & child health centres	39	111	97	241
Hospital ... ..	2	29	41	72
Residential homes ... ..	3	58	355	416
Elsewhere ... ..	6	85	79	170
<b>TOTAL ... ..</b>	<b>8025</b>	<b>21266</b>	<b>21434</b>	<b>50725</b>

## Midwifery

Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives:—

Discharged within									
2 days ... ..	...	...	...	...	...	...	...	...	1090
3-7 days ... ..	...	...	...	...	...	...	...	...	9689
8 or more days ... ..	...	...	...	...	...	...	...	...	4390
<b>TOTAL ... ..</b>	...	...	...	...	...	...	...	...	<b>15169</b>

Number of domiciliary confinements attended by midwives under N.H.S. arrangements ... .. 1444

Number of hospital confinements conducted by domiciliary midwives 294

## Nursing Services—Staff employed 30.9.72

Category	Whole-time	Part-time	W.T. equivalent of P.T.
Health Visitor/School Nurse ... ..	176	4	2
Home Nurse ... ..	138	51	34
Midwife ... ..	92	51	17
Supervisory (home nursing and midwifery) ... ..	8	—	—

## Cervical Cytology

			Results of Examinations (c)		
Number of sessions	Number of patients	Total attendances	(a) N.A.D.	(b) For Invest	Number in (b) found Positive
1371	17217	17546	16871	590	51

## Congenital Malformations

During 1972 there were 249 cases notified, as compared with 294 for 1971.

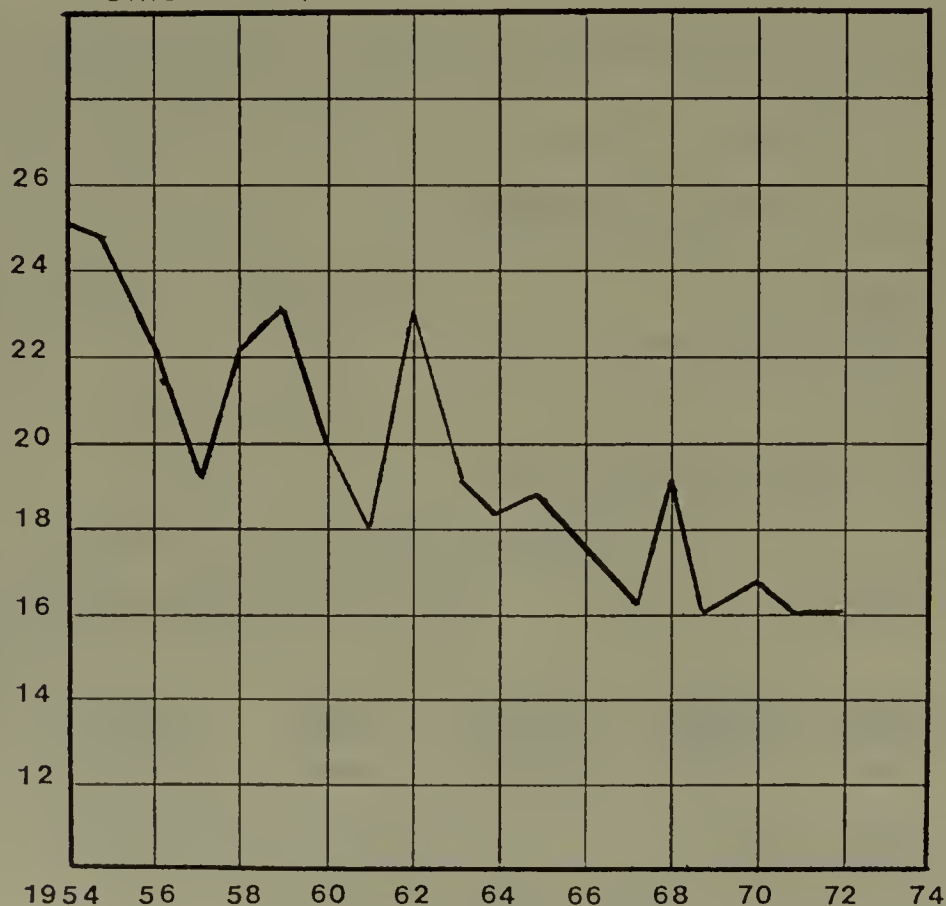
## VARIOUS

### Comparisons of various rates with previous years

	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963
Live Birth Rate (per 1,000 population)	15.2	16.5	16.3	16.4	17.2	17.7	17.8	18.1	18.6	18.3
Illegitimate as percentage of Total Live Births	6	6	6	6	6	5.9	5.1	4.6	4.4	3.7
Stillbirth Rate (per 1,000 Live and Still Births,	12	12	12	13	14	15	14.6	16.3	15	18.1
Death Rate (per 1,000 population)	11.2	11.0	11.5	11.3	11.4	11.3	11.6	11.4	11.3	12
Infant Mortality Rate (deaths under 1 year to 1,000 live births)	16	16	17	16	18.6	16.3	17.2	18.6	18.1	18.7
Neo-natal Mortality Rate (deaths under 4 weeks to 1,000 live births)	12	11	11	12	13.4	10.9	11.7	13.1	12.6	12.3
Early Neo-natal Mortality Rate (deaths under 1 week to 1,000 live births)	10	9	9	10	11.2	9.6	10.3	11.1	11.0	10.6
Perinatal Death Rate (still births and deaths under 1 week per 1,000 births live and still)	22	21	22	23	25	24	24.8	27.3	25.9	28.6
Maternal Mortality Rate	0.17	—	0.11	0.06	0.11	0.11	0.38	0.32	0.22	0.28

### Infantile Mortality

Graph showing rate per 1000 live births  
since 1954



## Clinics for Old People

		Number of sessions held	Number of new patients	Total number of patients	Total attendances
Geriatric (Consultant)	...	135	291	504	1007
Health Advisory	...	64	230	230	1058

The following table shows the variation in notifications of some important infectious diseases over the past ten years:

	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963
Measles	5703	2022	6775	1460	7196	7410	16814	9093	9440	11130
Scarlet Fever	328	374	284	314	377	573	929	623	384	345
Whooping cough	5	345	241	60	214	700	317	367	834	522
Poliomyelitis	—	—	—	—	—	1	1	5	2	3
Diphtheria	—	—	—	—	—	—	—	—	—	—
Tuberculosis :										
Pulmonary	93	117	110	114	80	124	135	150	195	172
Non-Pulmonary	12	10	20	20	13	20	15	21	38	21



# NOTIFICATION OF INFECTIOUS DISEASES 1972

	SCARLET FEVER	WHOOPING COUGH	MEASLES ex. RUBELLA	DYSENTERY	Ac. ENCEPHALITIS INFECTIVE	Ac. ENCEPHALITIS POST-INFECTIVE	TYPHOID FEVER	PARATYPHOID FEVER
Altrincham M.B.	29	2	68	27	—	—	—	—
Bebington M.B.	5	—	164	11	—	—	—	—
Congleton M.B.	4	—	188	—	—	—	—	—
Crewe M.B.	10	—	276	—	—	—	—	—
Dukinfield M.B.	1	—	134	—	—	—	—	—
Ellesmere Port M.B.	3	1	506	19	—	—	—	—
Hyde M.B.	20	—	80	—	—	—	—	—
Macclesfield M.B.	15	—	632	—	—	—	—	—
Sole M.B.	75	—	246	4	—	1	—	—
Stolybridge M.B.	—	—	426	—	—	—	—	—
Alderley Edge U.D.	—	—	14	—	—	—	—	—
Alsager U.D.	—	—	47	—	—	—	—	—
Bollington U.D.	—	—	94	—	—	—	—	—
Bowdon U.D.	2	—	6	—	—	—	—	—
Bredbury & Romiley U.D.	3	—	68	2	—	—	—	—
Cheodle & Gotley U.D.	10	1	431	—	—	—	—	—
Hole U.D.	—	—	14	—	—	—	—	—
Hozel Grove & Bromholh U.D.	3	—	115	—	—	1	—	—
Hoyloke U.D.	—	—	9	1	—	—	—	—
Knutsford U.D.	—	—	10	—	—	—	—	—
Longdendale U.D.	—	—	12	—	—	—	—	—
Lymm U.D.	—	—	53	—	—	—	—	—
Morphe U.D.	—	—	47	1	—	—	—	—
Middlewich U.D.	—	—	32	—	—	—	—	—
Nantwich U.D.	—	—	70	—	—	—	—	—
Neston U.D.	1	—	29	11	—	—	—	—
Northwich U.D.	2	—	59	—	—	—	—	—
Runcorn U.D.	74	—	603	—	—	—	—	—
Sondbach U.D.	6	—	82	1	—	—	—	—
Wilmslow U.D.	3	—	74	1	—	—	—	—
Winsford U.D.	—	—	103	—	—	—	—	—
Wirrol U.D.	—	—	73	4	—	—	—	—
Bucklow R.D.	2	—	35	4	—	—	—	—
Chester R.D.	4	—	75	5	1	—	—	—
Congleton R.D.	9	—	75	1	—	—	—	—
Disley R.D.	—	—	2	3	—	—	—	—
Macclesfield R.D.	3	—	123	—	1	—	—	—
Nantwich R.D.	8	—	144	—	—	—	—	—
Northwich R.D.	11	—	151	—	—	—	—	—
Runcorn R.D.	25	—	174	—	—	—	—	—
Tarvin R.D.	—	1	154	—	—	—	—	—
Tintwistle R.D.	—	—	5	—	—	—	—	—
TOTAL	328	5	5703	95	2	2	—	—

	FOOD POISONING	TUBERCULOSIS RESPIRATORY	TUBERCULOSIS MENINGES & C.N.S.	TUBERCULOSIS OTHER	OPHTHALMIA NEONATORUM	MALARIA	ACUTE MENINGITIS	INFECTIVE JAUNDICE
Altrincham M.B.	3	4	—	—	—	—	—	1
Bebington M.B.	20	7	1	—	—	—	1	38
Congleton M.B.	—	3	—	—	—	—	1	1
Crewe M.B.	10	5	—	2	—	—	—	1
Dukinfield M.B.	1	2	—	1	—	—	1	6
Ellesmere Port M.B.	3	3	—	—	—	—	—	18
Hyde M.B.	1	7	—	—	—	—	2	2
Macclesfield M.B.	—	6	—	1	—	—	—	15
Sale M.B.	4	3	—	—	—	2	1	4
Stalybridge M.B.	4	7	1	—	—	—	1	11
Alderley Edge U.D.	—	—	—	—	—	—	—	—
Alsager U.D.	—	1	—	—	—	—	—	4
Bollington U.D.	—	—	—	—	—	—	—	—
Bawdon U.D.	—	—	—	—	—	—	—	—
Bredbury & Romiley U.D.	2	3	—	1	—	—	2	8
Cheadle & Gatley U.D.	—	7	—	3	—	—	1	8
Hale U.D.	3	2	—	—	—	—	—	—
Hazel Grove & Bramhall U.D.	—	3	—	—	2	—	1	3
Haylake U.D.	—	—	—	—	—	1	—	—
Knutsford U.D.	1	—	—	—	—	—	—	—
Langdendale U.D.	—	3	—	—	—	—	—	—
Lymm U.D.	—	—	—	—	—	—	—	—
Marple U.D.	11	2	—	—	—	—	1	1
Middlewich U.D.	—	—	—	—	—	—	—	—
Nantwich U.D.	—	1	—	—	—	—	—	—
Neston U.D.	2	—	—	—	—	1	—	—
Narhwich U.D.	—	—	—	—	—	—	—	1
Runcarn U.D.	—	4	—	—	—	—	1	6
Sandbach U.D.	—	—	—	—	—	—	—	1
Wilmslow U.D.	—	1	—	1	—	—	—	4
Winsford U.D.	36	1	—	—	—	—	1	20
Wirral U.D.	14	1	—	—	—	—	—	2
Bucklow R.D.	1	3	—	1	—	—	—	2
Chester R.D.	10	7	—	—	—	—	—	—
Congleton R.D.	—	—	—	—	—	—	1	15
Disley R.D.	—	—	—	—	—	—	—	—
Macclesfield R.D.	3	1	—	—	—	—	—	2
Nontwich R.D.	1	—	—	—	—	—	—	2
Northwich R.D.	1	1	—	—	—	—	—	—
Runcorn R.D.	2	3	—	—	—	—	—	1
Tarvin R.D.	—	—	—	—	—	—	—	1
Tintwistle R.D.	—	2	—	—	—	—	—	1
TOTAL	133	93	2	10	2	4	15	179

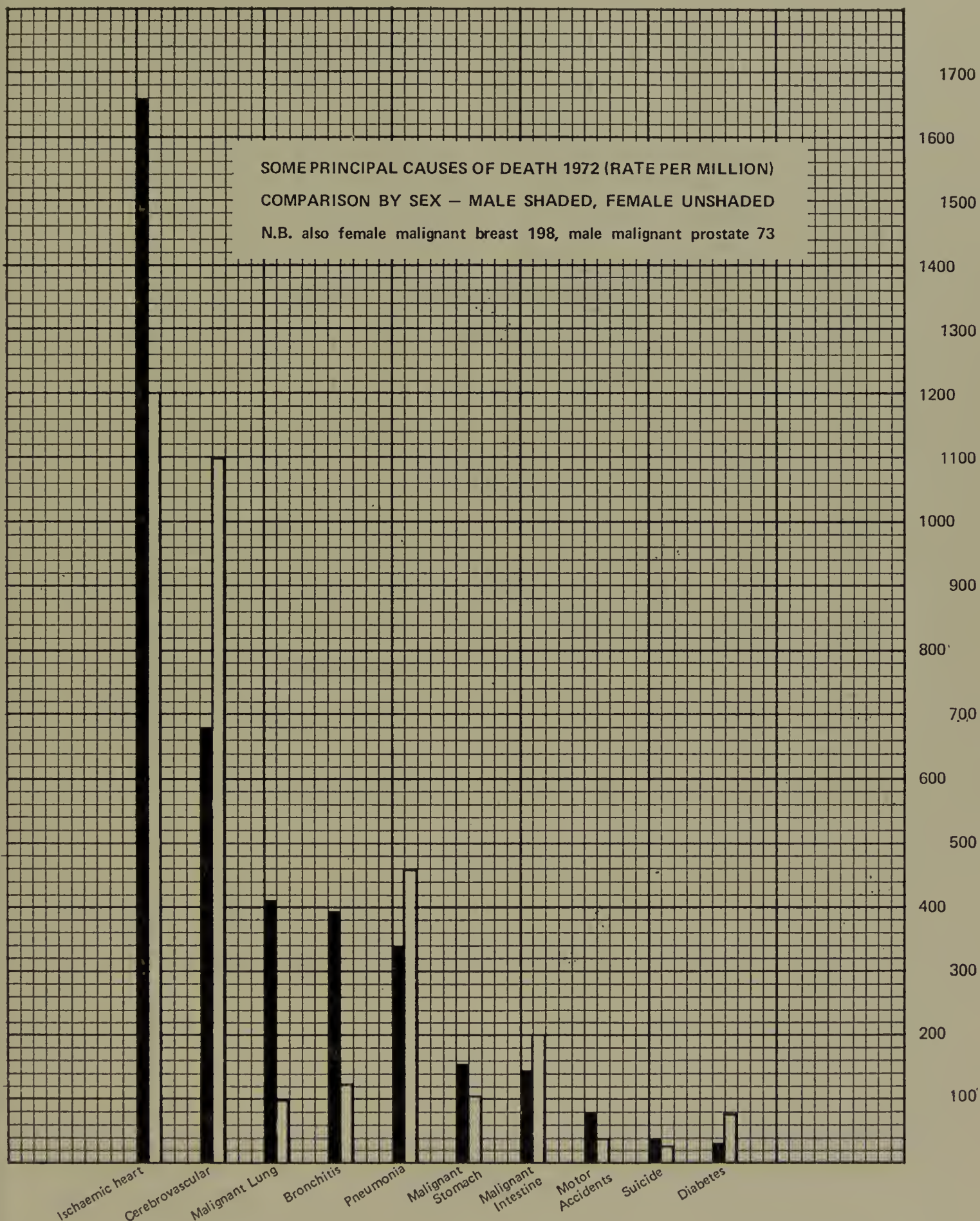
There were no cases of diphtherio, poliomyelitis, tetanus, smallpox, or anthrax

## Causes of Death

The table below shows the trend in some important causes of death over the last ten years (rate per million population):

			1972	1971	1970	1969	1968	1967	1966	1965	1964	1963
B.5 & 6 (1)	Respiratory Tuberculosis		20.4	16.1	17.6	22.4	23.7	29.8	25.4	27.9	33.6	34.3
	Malignant Neoplasm											
B.19.1	Buccal cavity, etc.		31.0	39.5	30.6	32.7						
B.19.2	Oesophagus		70.8	65.5	63.1	58.0						
B.19.3	Stomach	M	155.7	139	166	138	132	133	150	145	150	184
		F	109.7	90	104	114	126	113	114	136	111	118
B.19.4	Intestine	M	148.7	167	144	189						
		F	196.4	164	165	174						
B.19.5	Larynx		10.6	14.4	12.1	12.1						
B.19.6	Lung, Bronchus											
		M	407.9	454	462	404	434	437	397	391	424	398
		F	101.8	84.4	76.9	78.6	93.7	79.9	89.9	69.7	67.3	61.4
B.19.7	Breast		198.2	222	197	205	178	221	208	207	203	223
B.19.8	Uterus	F	66.4	69.1	79.7	73.0	72.3	79.0	77.2	85.0	101	98.9
B.19.9	Prostate	M	73.4	70.9	82.5	73.0						
B.19.10	Leukaemia		66.4	61.9	62.1	64.6	55.9	52.0	46.0	51.0	63.2	62.4
B.19.11	Others*	M	270.8	262	247	275	554	555	517	521	467	530
		F	290.2	320	302	313	513	530	490	509	453	472
B.21	Diabetes		115.0	95.2	95.5	88.0	103	71.2	75.2	59.0	82.0	82.2
B.28	Ischaemic heart	M	1659.1	1586	1642	1544	1573	1511	1465	1537	1451	1393
		F	1194.5	1102	1086	1072	1062	907	957	966	898	896
B.30	Cerebrovascular	M	674.3	694	717	683	691	735	760	709	747	783
		F	1090.1	1130	1105	1080	1095	1035	1100	1076	1029	1123
B.31	Influenza		55.7	15.3	170	64.6	71.9	62.6	80.1	5.0	16.3	54.1
B.32	Pneumonia		787.5	718	836	773	772	725	655	573	588	729
B.33 (1)	Bronchitis		520.3	490	524	561	583	591	618	608	572	691
B.34	Peptic Ulcer		66.4	62.8	66.8	80.5	78.6	82.8	64.5	72.7	64.2	66.6
B.38	Nephritis, etc.		50.4	39.5	44.5	56.1	63.4	45.2	54.7	56.0	65.2	72.9
BE.47	Motor Accidents		119.5	162	141	168	149	170	187	178	163	173
BE.48	Other Accidents		108.0	122	158	180	151	176	170	153	188	202
BE.49	Suicide	M	38.9	47.6	46.4	44.9	39.8	41.4	44.0	47.8	52.0	61.4
		F	27.4	28.7	30.1	33.7	30.3	36.6	43.0	36.8	41.0	44.7

\* "Others" before 1969 included buccal cavity, oesophagus, intestine, larynx and prostate, which are given separately from 1969 onwards.







COUNTY DISTRICT STATISTICS  
1972

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TABLE A

Deaths by Causes.—Sex—

Live Births, Stillbirths, Deaths under 1 yr., 4 wks., 1 wk.

Live Birth Rate, Stillbirth Rate, Infantile Mortality, Perinatal  
Mortality, Death Rate

Population, Area—

■ Each County District

TABLE B

Deaths by Causes.—Sex; Age—

■ Urban Districts, Rural Districts

CAUSES OF DEATH					Altrincham M.B.		Bebington M.B.	
					M	F	M	F
B4	Enteritis and other diarrhoeal diseases	...	...	...	—	1	—	—
B5	Tuberculosis of respiratory system	...	...	...	2	—	—	—
B6 (1)	Late effects—pulmonary tuberculosis	...	...	...	—	—	1	—
B6 (2)	Other tuberculosis	...	...	...	—	—	—	—
B11	Meningococcal infection	...	...	...	—	—	—	—
B14	Measles	...	...	...	—	—	—	—
B17	Syphilis and its sequelae	...	...	...	—	—	—	—
B18	Other infective and parasitic diseases	...	...	...	1	—	—	—
B19 (1)	Malignant neoplasm, buccal cavity, etc.	...	...	...	3	—	1	—
B19 (2)	Malignant neoplasm, oesophagus	...	...	...	2	1	2	6
B19 (3)	Malignant neoplasm, stomach	...	...	...	3	8	11	3
B19 (4)	Malignant neoplasm, intestine	...	...	...	7	7	12	14
B19 (5)	Malignant neoplasm, larynx	...	...	...	1	—	—	—
B19 (6)	Malignant neoplasm, lung, bronchus	...	...	...	23	7	26	3
B19 (7)	Malignant neoplasm, breast	...	...	...	—	9	1	6
B19 (8)	Malignant neoplasm, uterus	...	...	...	—	—	—	1
B19 (9)	Malignant neoplasm, prostate	...	...	...	4	—	—	—
B19 (10)	Leukaemia	...	...	...	—	—	1	2
B19 (11)	Other malignant neoplasms, etc.	...	...	...	8	14	20	23
B20	Benign and unspecified neoplasms	...	...	...	—	—	2	1
B21	Diabetes mellitus	...	...	...	2	2	1	—
B22	Avitaminoses	...	...	...	—	—	—	—
B46 (1)	Other endocrine, etc. diseases	...	...	...	—	1	2	—
B23	Anoemias	...	...	...	—	3	1	2
B46 (2)	Other diseases of blood, etc.	...	...	...	—	—	—	—
B46 (3)	Mental disorders	...	...	...	—	—	—	—
B24	Meningitis	...	...	...	—	—	—	—
B46 (4)	Multiple sclerosis	...	...	...	—	—	—	2
B46 (5)	Other diseases of nervous system, etc.	...	...	...	1	2	1	2
B25	Active rheumatic fever	...	...	...	—	—	—	—
B26	Chronic rheumatic heart disease	...	...	...	2	4	2	6
B27	Hypertensive disease	...	...	...	2	4	2	6
B28	Ischaemic heart disease	...	...	...	80	54	89	75
B29	Other forms of heart disease	...	...	...	6	21	21	25
B30	Cerebrovascular disease	...	...	...	38	65	38	51
B46 (6)	Other diseases of circulatory system	...	...	...	10	19	15	17
B31	Influenza	...	...	...	1	2	1	2
B32	Pneumonia	...	...	...	11	11	28	39
B33 (1)	Bronchitis and emphysema	...	...	...	12	5	27	6
B33 (2)	Asthma	...	...	...	—	1	—	2
B46 (7)	Other diseases of respiratory system	...	...	...	3	1	2	6
B34	Peptic ulcer	...	...	...	3	—	3	2
B35	Appendicitis	...	...	...	1	—	—	—
B36	Intestinal obstruction and hernia	...	...	...	2	2	1	2
B37	Cirrhosis of liver	...	...	...	1	2	1	—
B46 (8)	Other diseases of digestive system	...	...	...	6	3	—	—

TABLE A—Municipal Boroughs (1)

Congleton M.B.		Crewe M.B.		Dukin- field M.B.		Ellesmere Port M.B.		Hyde M.B.		Macclesfield M.B.		Sale M.B.		Stalybridge M.B.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	1	1	—	—	—	—	1	—	—	1	—	—	—	—
—	—	1	—	3	—	—	—	1	2	—	—	—	—	2	2
—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—
—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—
—	—	2	2	—	—	3	—	1	—	—	2	1	2	—	1
1	—	3	—	—	2	2	3	4	2	1	—	2	—	1	1
6	3	14	5	5	3	8	3	4	2	8	6	10	6	3	3
4	5	7	10	2	2	4	10	7	11	10	9	11	19	1	6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	3	26	8	10	5	26	5	20	2	15	4	18	6	10	3
—	7	—	11	—	3	—	4	—	10	—	17	—	11	—	3
—	2	—	5	—	—	—	7	—	4	—	4	—	4	—	—
1	—	4	—	1	—	2	—	1	—	3	—	6	—	1	—
3	—	1	1	1	1	3	2	1	1	2	1	2	1	—	—
4	6	16	22	8	5	6	11	13	16	11	12	18	20	4	4
—	—	2	—	—	1	1	2	—	1	—	1	1	—	—	—
2	—	6	3	1	1	—	4	3	10	2	3	1	2	2	1
—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—
1	2	—	1	—	—	—	2	—	2	—	1	—	—	2	—
1	—	1	—	—	1	—	1	—	3	1	2	1	2	—	2
—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
—	—	—	1	—	—	—	—	1	—	1	1	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	—	—	—	—	1	—	—	—	—	1	—	—
—	—	2	1	—	2	2	2	2	7	1	3	1	7	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	2	3	5	1	—	2	3	2	1	4	9	1	5	3	—
—	2	1	2	5	1	—	6	2	3	5	12	7	3	—	2
38	29	89	67	33	23	83	47	63	61	79	86	88	62	33	29
5	4	23	27	13	15	6	20	16	24	17	10	5	15	11	10
27	27	41	71	21	28	24	30	49	57	27	55	35	58	18	21
7	5	15	13	3	2	7	9	2	14	11	13	14	17	2	9
—	—	2	3	—	4	2	—	1	3	1	1	—	1	—	—
4	10	16	18	7	12	17	17	18	24	24	53	15	17	11	17
10	4	39	17	11	5	17	5	16	5	25	2	18	7	13	2
—	—	1	1	—	—	—	1	—	1	2	—	1	1	—	1
—	1	3	3	—	2	6	7	4	2	4	9	3	1	2	2
—	1	5	4	1	—	—	—	1	—	2	1	1	2	—	—
—	1	1	—	—	—	—	1	—	—	—	1	—	—	1	—
3	—	3	3	—	1	—	2	—	4	2	3	3	2	—	1
—	1	2	—	—	1	3	1	1	1	—	1	1	2	1	—
—	1	3	4	—	2	1	1	—	6	4	4	3	2	2	1

CAUSES OF DEATH							Altrincham M.B.		Bebington M.B.	
							M	F	M	F
B38	Nephritis and nephrosis ...	...	...	...	...	...	—	—	3	2
B39	Hyperplasia of prostate ...	...	...	...	...	...	2	—	—	—
B46 (9)	Other diseases, genito-urinary system	...	...	...	...	...	1	1	1	4
B41	Other complications of pregnancy, etc.	...	...	...	...	...	—	—	—	1
B46 (10)	Diseases of skin, subcutaneous tissue	...	...	...	...	...	—	—	—	—
B46 (11)	Diseases of musculo-skeletal system	...	...	...	...	...	1	2	—	2
B42	Congenital anomalies ...	...	...	...	...	...	1	1	1	3
B43	Birth injury, difficult labour, etc.	...	...	...	...	...	1	3	4	—
B44	Other causes of perinatal mortality ...	...	...	...	...	...	—	—	3	2
B45	Symptoms and ill-defined conditions	...	...	...	...	...	2	2	—	1
BE47	Motor vehicle accidents ...	...	...	...	...	...	2	—	2	—
BE48	All other accidents ...	...	...	...	...	...	2	—	4	4
BE49	Suicide and self-inflicted injuries	...	...	...	...	...	2	2	4	1
BE50	All other external causes ...	...	...	...	...	...	—	2	1	—
TOTAL ALL CAUSES ...							249	262	335	324
LIVE BIRTHS—Total ...							288	291	495	461
Legitimate ...							267	272	469	437
Illegitimate ...							21	19	26	24
STILLBIRTHS—Total ...							4	3	2	6
Legitimate ...							4	3	2	6
Illegitimate ...							—	—	—	—
DEATHS OF INFANTS—Total (under one year of age) ...							4	4	10	7
Legitimate ...							3	2	10	7
Illegitimate ...							1	2	—	—
DEATHS OF INFANTS—Total (under four weeks of age) ...							1	4	8	4
Legitimate ...							1	2	8	4
Illegitimate ...							—	2	—	—
DEATHS OF INFANTS—Total (under one week of age) ...							—	3	7	4
Legitimate ...							—	2	7	4
Illegitimate ...							—	1	—	—
LIVE BIRTHS—Rate per 1,000 population ...							14.1		15.3	
STILLBIRTHS—Rate per 1,000 births, live and still ...							12		8	
INFANTILE MORTALITY—(Deaths under 1 year) Rate per 1,000 live births ...							14		18	
PERINATAL MORTALITY—(Stillbirths and deaths under 1 week) Rate per 1,000 births, live and still ...							17		20	
DEATHS ALL AGES—Crude rate per 1,000 population ...							12.4		10.5	
MID-1972 POPULATION ...							41,140		62,610	
ACREAGE, 1.4.72 ...							3,477		12,235	

**TABLE A—Municipal Boroughs (2)**

Congleton M.B.		Crewe M.B.		Dukin- field M.B.		Ellesmere Port M.B.		Hyde M.B.		Macclesfield M.B.		Sale M.B.		Stalybridge M.B.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	1	5	2	2	1	1	—	1	—	2	1	1	1	—	—
—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
—	5	2	3	—	—	1	3	1	2	1	4	—	2	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
—	2	—	—	—	2	2	—	—	4	—	2	1	2	1	1
1	—	3	1	3	—	6	4	3	2	1	2	5	4	1	—
—	—	4	—	1	—	3	1	6	2	5	—	1	1	4	1
1	—	—	1	1	1	2	—	1	—	—	1	—	2	1	4
—	3	6	12	2	2	—	1	2	17	—	—	1	—	3	3
2	1	2	1	1	1	7	3	4	—	2	—	4	1	1	1
2	1	—	3	—	1	2	4	2	4	3	5	3	4	1	1
1	1	4	1	1	—	5	—	2	1	2	1	2	2	1	1
—	—	1	—	—	—	1	—	—	—	—	4	—	—	1	—
142	130	360	334	138	131	256	223	259	314	280	348	285	296	141	134
169	181	425	368	142	120	574	565	304	286	343	338	438	448	215	204
159	174	380	339	135	111	527	516	265	258	304	295	405	415	204	188
10	7	45	29	7	9	47	49	39	28	39	43	33	33	11	16
2	2	8	8	1	3	5	8	6	3	2	2	5	4	1	3
2	2	7	7	1	3	4	8	5	3	1	2	5	3	1	2
—	—	1	1	—	—	1	—	1	—	1	—	—	1	—	1
1	1	9	4	4	1	16	8	10	6	6	3	7	7	9	5
1	1	8	4	4	1	15	7	8	4	6	3	6	7	9	5
—	—	1	—	—	—	1	1	2	2	—	—	1	—	—	—
1	—	5	3	3	1	10	7	7	4	5	2	3	6	6	5
1	—	4	3	3	1	9	6	5	2	5	2	3	6	6	5
—	—	1	—	—	—	1	1	2	2	—	—	—	—	—	—
1	—	4	3	2	1	8	3	7	3	5	1	2	6	6	5
1	—	3	3	2	1	7	3	5	1	5	1	2	6	6	5
—	—	1	—	—	—	1	—	2	2	—	—	—	—	—	—
16.8		15.5		14.4		18.1		15.8		15.3		15.5		17.9	
11		20		15		11		15		6		10		9	
6		16		19		21		27		13		16		33	
14		28		26		21		32		15		19		35	
13.0		13.6		14.8		7.6		15.3		14.1		10.2		11.8	
20,860		51,190		18,190		62,850		37,430		44,480		57,080		23,390	
5,587		4,389		1,725		9,477		4,170		4,787		3,629		3,190	



CAUSES OF DEATH		Alderley Edge U.D.		Alsager U.D.		Bollington U.D.		Bowdon U.D.		Bredbury and Romiley U.D.	
		M	F	M	F	M	F	M	F	M	F
B3	Bacillary dysentery, omoebiosis	—	—	—	—	—	—	—	—	—	—
B4	Enteritis and other diarrhoeal diseases	—	—	—	—	—	—	—	—	—	—
B5	Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	1	—
B6 (1)	Late effects, respiratory .....	—	—	—	—	—	—	—	—	—	—
B6 (2)	Other tuberculosis .....	—	—	—	—	—	—	—	—	—	—
B9	Whooping Cough .....	—	—	—	—	—	—	—	—	—	—
B11	Meningococcol infection .....	—	—	—	—	—	—	—	—	—	—
B14	Meosles .....	—	—	—	—	—	—	—	—	—	—
B17	Syphilis and its sequelae .....	—	—	—	—	—	—	—	—	1	—
B18	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—
B19 (1)	Malignant neoplasm, buccal cavity, etc.	1	—	—	—	—	—	—	—	—	—
B19 (2)	Malignant neoplasm, oesophagus	1	—	1	1	—	—	—	1	2	1
B19 (3)	Malignant neoplasm, stomach	—	—	1	—	1	—	1	—	2	4
B19 (4)	Malignant neoplasm, intestine	1	2	3	1	2	2	2	—	4	10
B19 (5)	Malignant neoplasm, larynx ...	1	—	—	—	—	—	—	—	—	—
B19 (6)	Malignant neoplasm, lung, bronchus	1	1	3	1	3	—	3	—	18	3
B19 (7)	Malignant neoplasm, breast ...	—	1	—	1	—	3	—	—	—	5
B19 (8)	Malignant neoplasm, uterus ...	—	—	—	—	—	1	—	—	—	2
B19 (9)	Malignant neoplasm, prostate	1	—	2	—	—	—	—	—	3	—
B19 (10)	Leukoemia .....	—	—	—	—	—	—	1	—	1	—
B19 (11)	Other malignant neoplasms, etc.	2	3	2	2	1	2	5	2	12	5
B20	Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—
B21	Diabetes mellitus .....	—	—	—	—	—	1	—	1	1	1
B22	Avitaminoses, etc. ....	—	—	—	—	—	—	—	—	—	—
B46 (1)	Other endocrine, etc. diseases	—	—	—	1	—	—	—	1	1	2
B23	Anaemias .....	—	1	—	—	—	—	—	—	1	1
B46 (2)	Other diseases of blood, etc. ...	—	—	—	—	—	—	—	—	—	—
B46 (3)	Mental disorders .....	—	—	—	—	—	—	—	—	—	—
B24	Meningitis .....	—	—	—	—	—	—	—	—	—	—
B46 (4)	Multiple sclerosis .....	—	—	—	—	—	—	—	—	—	—
B46 (5)	Other diseases of nervous system, etc.	—	—	—	—	—	—	—	1	1	2
B26	Chronic rheumatic heart disease	—	—	1	1	—	—	—	—	—	3
B27	Hypertensive disease .....	—	—	1	—	—	1	—	1	2	1
B28	Ischaemic heart disease .....	9	10	16	11	14	3	6	16	38	32
B29	Other forms of heart disease ...	1	2	3	3	—	4	3	9	6	10
B30	Cerebrovascular disease .....	4	13	11	6	1	7	10	16	22	31
B46 (6)	Other diseases of circulatory system	2	1	2	2	1	—	3	8	1	6
B31	Influenza .....	1	—	—	1	—	—	—	—	1	2
B32	Pneumonia .....	3	6	4	—	4	4	1	1	6	13
B33 (1)	Bronchitis and emphysema ...	4	—	5	—	—	3	1	1	12	6
B33 (2)	Asthma .....	—	—	—	—	—	—	—	—	—	—
B46 (7)	Other diseases of respiratory system	1	—	—	—	—	—	—	1	4	—
B34	Peptic ulcer .....	—	—	1	2	1	—	1	—	1	2
B35	Appendicitis .....	—	—	—	—	—	—	—	—	—	—
B36	Intestinal obstruction and hernia	1	—	—	—	—	—	—	—	—	—
B37	Cirrhosis of liver .....	—	—	—	—	—	—	1	1	—	—
B46 (8)	Other diseases of digestive system	—	1	—	1	—	—	—	1	1	2

TABLE A—Urban Districts (1)

Cheadle and Gatley U.D.		Hale U.D.		Hazel Grove and Bramhall U.D.		Haylake U.D.		Knutsford U.D.		Langden-dale U.D.		Lymm U.D.		Marple U.D.		Middlewich U.D.		Nantwich U.D.		Neston U.D.		Northwich U.D.		Runcorn U.D.		Sandbach U.D.		Wilmslow U.D.		Winsford U.D.		Wirral U.D.		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	2	—	1	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	
4	—	—	1	1	1	1	1	—	—	—	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	
1	1	1	1	1	1	3	3	2	1	—	—	1	—	—	—	—	—	—	—	1	1	2	—	1	—	—	—	—	2	—	1	—	—	
9	8	2	—	5	4	6	4	1	—	1	2	—	1	3	4	—	—	2	5	3	2	—	3	5	6	5	3	2	5	5	3	2	1	—
8	13	4	5	4	9	8	12	—	1	2	2	2	1	3	—	1	1	2	2	1	2	—	2	4	2	11	3	1	7	8	3	4	4	5
—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	1	1	1	—	—	
27	9	6	3	11	2	12	4	7	2	3	2	4	1	9	3	2	—	10	—	6	—	11	2	13	4	1	—	12	4	9	4	9	2	
—	11	—	3	1	9	—	15	—	3	—	—	—	—	—	6	—	4	—	9	—	1	—	—	6	—	2	—	5	—	4	—	4	—	
—	3	—	1	—	3	—	1	—	—	—	1	—	—	—	3	—	2	—	—	—	—	1	—	—	1	—	5	—	2	—	1	—	2	—
6	—	2	—	4	—	1	—	1	—	—	—	3	—	5	—	—	—	1	—	—	—	—	1	—	3	—	1	—	1	—	3	—	1	—
2	2	—	1	1	2	1	—	1	—	—	—	1	1	2	1	—	—	—	—	—	—	1	2	—	2	—	1	2	1	—	1	1	—	4
20	15	4	5	10	14	13	10	3	3	2	8	2	2	4	9	1	2	2	7	8	4	6	8	10	5	3	3	5	10	3	6	11	9	
2	1	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2	3	1	1	1	5	2	3	—	1	—	3	—	2	—	—	—	1	3	4	—	2	—	4	—	2	—	1	—	1	2	—	—	1	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	1	1	1	—	1	—	1	1	—	—	1	—	—	—	1	—	—	—	—	2	—	2	—	1	—	1	—	—	1	—	1
—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	1	—	2	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	2	—	—	—	2	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3	2	2	1	1	2	2	2	1	2	1	—	—	—	—	1	—	—	1	—	1	—	1	—	—	3	1	2	3	1	—	1	2	—	
4	1	1	—	—	2	2	4	—	—	—	—	—	1	1	—	—	1	—	—	2	—	—	4	1	3	—	—	—	3	—	1	—	3	3
—	3	1	2	3	4	—	4	—	1	—	—	1	2	1	2	1	—	2	3	1	1	—	1	3	4	—	1	2	2	1	1	2	1	
84	50	34	22	46	47	69	65	18	18	16	7	23	16	40	25	13	4	12	12	24	21	40	23	68	51	17	14	56	36	37	10	53	33	
3	11	1	5	6	10	10	13	4	4	—	3	1	4	1	4	10	3	7	13	3	4	8	15	5	9	3	3	1	3	6	4	10	15	
31	48	17	22	20	37	19	37	7	31	5	14	6	4	14	24	7	11	12	19	7	18	10	25	29	37	14	15	11	30	6	23	17	31	
13	15	3	5	9	13	9	14	2	4	1	1	1	5	8	5	1	3	—	2	2	3	8	15	12	15	1	4	10	9	6	4	6	11	
—	1	—	—	—	—	1	1	1	—	—	—	—	—	1	—	—	—	—	2	—	—	—	1	5	1	1	—	—	—	—	—	1	1	
12	22	3	5	7	7	21	26	3	5	9	4	—	5	8	8	1	3	7	7	4	5	10	3	9	12	4	3	8	4	3	5	9	17	
21	9	3	—	11	2	13	4	10	2	3	2	2	—	4	2	5	2	7	3	3	1	9	2	13	5	4	—	9	3	10	4	15	8	
1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
3	1	4	1	2	3	1	1	—	2	—	1	—	1	—	—	—	1	—	—	2	—	2	3	6	2	1	—	3	2	1	—	—	—	
3	3	1	—	1	—	3	2	—	—	1	—	—	—	—	1	—	—	—	—	2	—	1	—											

CAUSES OF DEATH		Alderley Edge U.D.		Alsager U.D.		Bollington U.D.		Bowdon U.D.		Bredbury and Romiley U.D.		Cheodle and Gatley U.D.		Hale U.D.		Hazel Grove and Bromhall U.D.		Hoylake U.D.		Knutsford U.D.		Longden- dale U.D.		Lymm U.D.		Marple U.D.		Middlewich U.D.		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
B38	Nephritis and nephrosis .....	1	—	—	—	—	—	—	1	1	1	2	1	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	
B39	Hyperplasia of prostate .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	1	—	—	—	—	—	—	
B40	Abortion .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B46 (9)	Other diseases, genito-urinary system	—	—	—	—	—	—	—	—	—	1	1	7	1	—	1	3	—	2	1	—	—	—	—	—	—	1	3	—	—
B46 (10)	Diseases of skin, subcutaneous tissue	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
B46 (11)	Diseases of musculo-skeletal system	—	—	—	1	—	1	—	—	—	4	1	6	—	1	—	5	1	3	—	—	—	2	—	—	—	1	1	—	—
B41	Other complications, pregnancy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
B42	Congenital anomalies .....	—	—	2	—	—	—	—	—	—	2	6	—	1	2	1	2	—	—	—	—	—	—	—	—	—	—	—	—	
B43	Birth injury, difficult labour, etc.	—	—	—	—	—	—	—	—	2	—	4	3	—	—	1	—	1	1	—	—	1	1	—	—	1	—	—	—	
B44	Other causes of perinatal mortality	—	1	—	—	—	—	—	—	2	1	—	3	—	—	1	1	1	—	—	—	—	—	—	—	—	1	—	—	
B45	Symptoms and ill-defined conditions	—	—	—	4	1	—	—	2	—	2	—	1	2	—	2	—	—	—	—	3	—	1	—	—	—	—	4	—	2
BE47	Motor vehicle accidents .....	—	—	1	1	1	—	1	—	1	2	5	2	2	1	1	3	5	3	2	1	1	1	—	—	—	—	4	—	2
BE48	All other accidents .....	—	1	—	2	—	—	—	—	1	2	1	2	—	—	3	1	3	—	1	1	1	1	2	—	—	—	—	3	1
BE49	Suicide and self-inflicted injuries	—	—	—	—	—	—	—	—	4	1	1	4	—	—	—	1	—	2	—	—	—	—	1	1	2	1	—	—	—
BE50	All other external causes .....	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	2	—	—	1
TOTAL ALL CAUSES .....		35	43	59	42	30	33	39	64	154	161	285	266	99	91	161	205	213	250	67	91	48	60	52	51	113	113	48	46	
LIVE BIRTHS—Total .....		27	22	83	78	44	46	18	18	221	236	452	431	101	85	342	332	170	175	104	84	82	76	95	90	173	173	52	52	
Legitimate .....		25	20	83	75	42	40	16	17	213	219	438	419	97	82	336	320	159	165	96	77	76	66	90	84	165	162	47	49	
Illegitimate .....		2	2	—	3	2	6	2	1	8	17	14	12	4	3	6	12	11	10	8	7	6	10	5	6	8	11	5	3	
STILLBIRTHS—Total .....		—	—	—	—	—	—	—	1	1	4	7	5	—	1	4	3	2	4	4	—	3	2	2	—	3	1	1	1	
Legitimate .....		—	—	—	—	—	—	—	1	1	3	7	5	—	1	3	2	2	4	4	—	2	2	1	—	3	1	1	1	
Illegitimate .....		—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	—	—	1	—	1	—	—	—	—	—	
DEATHS OF INFANTS—Total .....		—	1	2	1	—	—	—	1	5	3	8	6	1	2	2	4	3	2	—	2	1	2	—	—	1	2	—	—	
(under one year of age)		—	1	2	1	—	—	—	1	5	3	8	6	1	2	2	4	3	2	—	2	1	2	—	—	1	2	—	—	
Legitimate .....		—	1	2	1	—	—	—	1	5	3	8	6	1	2	2	4	3	2	—	2	1	2	—	—	1	1	—	—	
Illegitimate .....		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
DEATHS OF INFANTS—Total .....		—	1	1	—	—	—	—	—	4	2	7	6	—	1	2	1	2	2	—	—	1	1	—	—	1	2	—	—	
(under four weeks of age)		—	1	1	—	—	—	—	—	4	2	7	6	—	1	2	1	2	2	—	—	1	1	—	—	1	2	—	—	
Legitimate .....		—	1	1	—	—	—	—	—	4	2	7	6	—	1	2	1	2	2	—	—	1	1	—	—	1	1	—	—	
Illegitimate .....		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
DEATHS OF INFANTS—Total .....		—	1	1	—	—	—	—	—	4	2	7	5	—	—	2	1	2	2	—	—	1	1	—	—	1	1	—	—	
(under one week of age)		—	1	1	—	—	—	—	—	4	2	7	5	—	—	2	1	2	2	—	—	1	1	—	—	1	—	—	—	
Legitimate .....		—	1	1	—	—	—	—	—	4	2	7	5	—	—	2	1	2	2	—	—	1	1	—	—	1	—	—	—	
Illegitimate .....		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
LIVE BIRTHS—Rate per 1,000 population		11.0		14.9		13.4		7.1		15.8		14.2		10.9		16.7		10.6		12.9		14.5		17.2		14.8		13.6		
STILLBIRTHS—Rate per 1,000 total births		—		—		—		27		11		13		5		10		17		21		31		11		11		19		
INFANTILE MORTALITY—(Deaths under 1 year) Rate per 1,000 live births .....		20		19		—		28		18		16		16		9		14		11		19		—		9		—		
PERINATAL MORTALITY — (Stillbirths and deaths under 1 week) Rate per 1,000 total births .....		20		6		—		27		24		27		5		15		28		21		43		11		17		19		
DEATHS ALL AGES — Rate per 1,000 population .....		17.4		9.3		9.3		20.4		10.9		8.8		11.1		9.1		14.3		10.9		9.9		9.6		9.7		12.3		
MID-1972 POPULATION .....		4470		10810		6740		5040		28960		62400		17090		40250		32450		14560		10870		10750		23380		7630		
ACREAGE, 1.4.72 .....		742		2,243		1,442		1,090		4,290		5,299		2,264		5,990		6,055		2,485		2,545		4,241		24,040		7,960		

TABLE —Urban Districts (2)

Nantwich U.D.		Neston U.D.		Northwich U.D.		Runcorn U.D.		Sandbach U.D.		Wilmslow U.D.		Winsford U.D.		Wirral U.D.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	—	1	1	1	1	—	—	—	—	—	2	1
—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	1	—	1	—	4	—	—	1	—	1	2	1	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	2	—	—	—	1	—	—	2	—	—	2	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	1	—	—	—	3	3	2	—	—	1	1	1	1	—	1
1	—	—	—	2	—	4	1	1	—	—	—	4	6	2	—
—	2	—	—	1	—	1	1	—	—	—	—	2	1	—	—
—	2	—	—	1	2	3	1	1	5	—	—	2	1	—	1
—	1	2	—	2	—	2	2	—	—	3	4	1	—	1	2
—	1	—	1	3	—	2	3	—	—	1	1	3	—	1	1
—	—	1	—	—	2	—	1	2	—	1	2	1	1	3	—
—	—	—	—	—	1	1	1	—	—	—	1	—	—	—	—
76	96	75	71	128	132	209	203	65	69	152	154	113	92	157	174
55	80	166	138	127	117	381	395	124	139	165	181	309	273	162	145
53	74	153	132	116	106	359	368	120	134	147	158	284	256	156	141
2	6	13	6	11	11	22	27	4	5	18	23	25	17	6	4
2	—	2	4	2	2	3	5	1	2	2	1	7	7	—	1
2	—	2	4	—	2	1	4	1	2	2	—	5	7	—	1
—	—	—	—	2	—	2	1	—	—	—	1	2	—	—	—
2	3	2	—	3	—	14	5	1	1	—	1	8	8	2	1
2	3	1	—	3	—	14	5	1	1	—	1	8	7	1	1
—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—
2	3	—	—	3	—	9	3	1	—	—	1	6	7	2	1
2	3	—	—	3	—	9	3	1	—	—	1	6	6	1	1
—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
2	3	—	—	3	—	8	3	1	—	—	1	4	7	2	—
2	3	—	—	3	—	8	3	1	—	—	1	4	6	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
11.6		17.1		13.5		20.2		19.2		11.6		22.5		11.3	
15		19		16		10		11		9		23		3	
37		7		12		24		8		3		27		10	
51		19		28		24		15		11		42		10	
14.8		8.2		14.4		10.7		9.8		10.2		7.9		12.2	
11650		17730		18060		38420		13670		29950		25860		27170	
1,179		8,495		2,636		8,045		3,716		7,691		7,094		5,801	



CAUSES OF DEATH						Bucklow R.D.		Chester R.D.	
						M	F	M	F
B3	Bocillary dysentery, amoebiosis	...	...	...	...	—	—	—	—
B4	Enteritis and other diarrhoeal diseases	...	...	...	...	—	—	—	—
B5	Tuberculosis of respiratory system	...	...	...	...	—	—	—	—
B6 (1)	Late effects respiratory tuberculosis	...	...	...	...	—	—	—	—
B6 (2)	Other tuberculosis	...	...	...	...	—	—	—	—
B14	Measles	...	...	...	...	—	—	—	—
B17	Syphilis and its sequelae	...	...	...	...	—	—	—	—
B18	Other infective and parasitic diseases	...	...	...	...	—	—	1	—
B19 (1)	Malignant neoplasm, buccal cavity, etc.	...	...	...	...	—	—	2	—
B19 (2)	Malignant neoplasm, oesophagus	...	...	...	...	—	—	1	—
B19 (3)	Malignant neoplasm, stomach	...	...	...	...	1	2	5	3
B19 (4)	Malignant neoplasm, intestine	...	...	...	...	—	3	4	5
B19 (5)	Malignant neoplasm, larynx	...	...	...	...	—	—	—	—
B19 (6)	Malignant neoplasm, lung, bronchus	...	...	...	...	5	2	13	4
B19 (7)	Malignant neoplasm, breast	...	...	...	...	—	6	—	16
B19 (8)	Malignant neoplasm, uterus	...	...	...	...	—	2	—	—
B19 (9)	Malignant neoplasm, prostate	...	...	...	...	4	—	3	—
B19 (10)	Leukaemia	...	...	...	...	1	—	2	2
B19 (11)	Other malignant neoplasms, etc.	...	...	...	...	4	4	8	7
B20	Benign and unspecified neoplasms	...	...	...	...	—	—	—	2
B21	Diabetes mellitus	...	...	...	...	—	2	1	5
B22	Avitaminoses	...	...	...	...	—	—	—	—
B23	Anaemias	...	...	...	...	—	—	—	1
B46 (1)	Other endocrine, etc. diseases	...	...	...	...	—	1	1	—
B46 (2)	Other diseases of the blood, etc.	...	...	...	...	—	—	—	—
B46 (3)	Mental disorders	...	...	...	...	—	1	1	—
B24	Meningitis	...	...	...	...	—	—	—	—
B46 (4)	Multiple sclerosis	...	...	...	...	—	—	—	—
B46 (5)	Other diseases of nervous system, etc.	...	...	...	...	1	—	1	5
B26	Chronic rheumatic heart disease	...	...	...	...	1	3	4	3
B27	Hypertensive disease	...	...	...	...	1	—	3	3
B28	Ischaemic heart disease	...	...	...	...	36	15	67	35
B29	Other forms of heart disease	...	...	...	...	8	5	8	19
B30	Cerebrovascular disease	...	...	...	...	12	12	29	36
B46 (6)	Other diseases of circulatory system	...	...	...	...	5	2	2	11
B31	Influenza	...	...	...	...	—	1	—	1
B32	Pneumonia	...	...	...	...	5	2	28	54
B33 (1)	Bronchitis and emphysema	...	...	...	...	3	1	13	3
B33 (2)	Asthma	...	...	...	...	1	1	—	—
B46 (7)	Other diseases of respiratory system	...	...	...	...	1	2	1	2
B34	Peptic ulcer	...	...	...	...	1	—	1	1
B35	Appendicitis	...	...	...	...	—	—	—	—
B36	Intestinal obstruction and hernia	...	...	...	...	—	—	—	—
B37	Cirrhosis of liver	...	...	...	...	—	—	—	—
B46 (8)	Other diseases of digestive system	...	...	...	...	1	2	1	1



TABLE A—Rural Districts (1)

Congleton R.D.		Disley R.D.		Macclesfield R.D.		Nantwich R.D.		Northwich R.D.		Runcorn R.D.		Tarvin R.D.		Tintwistle R.D.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	2	—	2	2	2	—	4	—	1	—	1	—
4	—	1	1	7	3	10	4	8	4	7	3	3	3	—	—
3	—	1	—	8	6	4	4	10	8	5	5	—	2	—	—
—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—
8	1	3	—	15	2	15	3	13	6	16	4	5	—	—	—
—	3	—	—	—	5	—	12	—	12	—	10	—	4	—	—
—	2	—	—	—	2	—	1	—	8	—	3	—	—	—	—
—	—	1	—	2	—	4	—	4	—	2	—	1	—	—	—
—	—	—	—	3	—	1	—	2	3	1	3	—	2	—	—
6	5	1	1	12	6	5	9	15	9	13	14	4	5	1	1
—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—
1	1	—	1	—	2	—	4	2	2	3	3	2	2	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	2	—	—	3	—	1	—	1	—	—
—	—	—	—	2	—	—	—	—	—	—	1	1	—	—	—
—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
—	1	—	—	1	1	1	—	—	2	2	2	—	1	—	—
—	1	—	—	3	2	1	2	4	1	2	4	—	1	—	—
4	3	1	—	1	4	6	—	4	4	6	7	1	—	—	—
34	27	7	6	51	42	59	32	79	48	92	60	33	23	4	3
4	3	—	2	8	9	15	18	12	20	10	17	9	6	—	—
16	43	4	6	15	24	25	34	21	51	29	50	12	11	1	3
1	3	2	3	7	5	7	7	10	8	12	11	1	11	—	1
—	—	—	—	1	1	1	4	1	3	2	—	1	—	—	—
5	12	—	1	9	13	7	11	10	15	13	14	8	10	2	1
7	4	2	—	6	1	14	4	24	6	22	4	3	2	—	—
—	—	—	—	—	1	1	1	—	—	—	2	—	—	—	—
1	1	—	—	1	4	6	3	5	3	1	1	1	1	—	—
1	—	—	—	2	1	—	—	4	1	1	—	—	2	—	—
—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—
1	—	—	—	2	—	—	—	—	2	1	1	1	—	—	1
1	1	—	—	—	1	—	—	—	1	1	—	1	—	—	—
—	—	—	1	3	1	1	5	1	2	3	1	—	1	—	—

CAUSES OF DEATH							Bucklow R.D.		Chester R.D.	
							M	F	M	F
B38	Nephritis and nephrosis	...	...	...	...	...	—	1	2	—
B39	Hyperplasia of prostate	...	...	...	...	...	—	—	1	—
B46 (9)	Other diseases, genito-urinary system	...	...	...	...	...	—	2	2	1
B46 (10)	Diseases of skin, subcutaneous tissue	...	...	...	...	...	1	—	—	—
B41	Other complications of pregnancy	...	...	...	...	...	—	—	—	—
B46 (11)	Diseases of musculo-skeletal system	...	...	...	...	...	1	—	1	3
B42	Congenital anomalies	...	...	...	...	...	1	1	3	—
B43	Birth injury, difficult labour, etc.	...	...	...	...	...	1	1	3	3
B44	Other causes of perinatal mortality	...	...	...	...	...	1	—	1	—
B45	Symptoms and ill-defined conditions	...	...	...	...	...	—	—	—	1
BE47	Motor vehicle accidents	...	...	...	...	...	3	1	3	1
BE48	All other accidents	...	...	...	...	...	1	1	1	8
BE49	Suicide and self-inflicted injuries	...	...	...	...	...	1	2	—	—
BE50	All other external causes	...	...	...	...	...	1	1	—	—
TOTAL ALL CAUSES							102	79	217	236
LIVE BIRTHS—Total							211	187	244	235
Legitimate							180	172	232	222
Illegitimate							31	15	12	13
STILLBIRTHS—Total							4	2	1	4
Legitimate							4	1	1	4
Illegitimate							—	1	—	—
DEATHS OF INFANTS—Total (under one year of age)							2	2	10	4
Legitimate							2	2	9	2
Illegitimate							—	—	1	2
DEATHS OF INFANTS—Total (under 4 weeks of age)							2	1	4	3
Legitimate							2	1	4	1
Illegitimate							—	—	—	2
DEATHS OF INFANTS—Total (under one week of age)							2	1	4	3
Legitimate							2	1	4	1
Illegitimate							—	—	—	2
LIVE BIRTHS—Rate per 1,000 population							19.1		13.4	
STILLBIRTHS—Rate per 1,000 total births							15		10	
INFANTILE MORTALITY—(Deaths under 1 year) Rate per 1,000 live births							10		29	
PERINATAL MORTALITY—(Stillbirths and deaths under 1 week) Rate per 1,000 total births							22		25	
DEATHS ALL AGES—Rate per 1,000 population							8.7		12.7	
MID-1972 POPULATION							20,830		35,760	
ACREAGE, 1-4-72							45,103		43,491	

TABLE A—Rural Districts (2)

Congleton R.D.		Disley R.D.		Macclesfield R.D.		Nantwich R.D.		Northwich R.D.		Runcorn R.D.		Tarvin R.D.		Tintwistle R.D.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	3	2	—	—	2	1	1	2	1	—	—	—
—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—
—	1	—	—	4	—	1	1	1	2	3	5	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	1	1	1	1	—	1	—	1	1	1	—	—
2	1	—	—	1	1	2	1	2	2	2	2	1	1	—	—
1	—	—	—	1	1	3	3	2	1	—	1	1	1	—	—
1	—	—	—	—	1	—	1	2	1	2	3	—	1	—	—
—	5	—	—	—	—	2	3	1	3	3	—	—	—	—	—
1	1	1	—	1	3	5	2	8	—	3	3	3	1	—	—
1	—	1	—	—	1	2	2	3	1	3	7	4	—	—	—
1	—	—	—	—	—	—	—	—	1	2	1	2	—	—	—
—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
115	122	25	22	173	151	206	175	254	238	271	248	104	93	10	10
162	157	20	22	168	182	252	260	310	311	324	291	176	143	14	10
159	154	18	22	166	176	250	251	299	294	302	280	174	142	14	10
3	3	2	—	2	6	2	9	11	17	22	11	2	1	—	—
1	—	—	—	1	2	4	2	4	2	3	6	—	6	—	—
1	—	—	—	—	2	3	2	4	2	2	5	—	4	—	—
—	—	—	—	1	—	1	—	—	—	1	1	—	2	—	—
5	1	—	—	2	2	5	5	5	4	6	6	4	2	—	—
5	1	—	—	2	2	5	5	5	4	6	6	4	2	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	1	—	—	1	2	4	5	5	4	4	5	2	2	—	—
4	1	—	—	1	2	4	5	5	4	4	5	2	2	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	1	—	—	1	2	4	5	5	4	4	5	2	2	—	—
3	1	—	—	1	2	4	5	5	4	4	5	2	2	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15.8		10.6		12.4		14.5		14.2		13.8		17.0		16.4	
3		—		8		12		10		14		18		—	
19		—		11		20		14		20		19		—	
16		—		17		29		24		29		31		—	
11.7		11.9		11.4		10.8		11.2		11.6		10.5		13.7	
20,180		3,950		28,330		35,290		43,760		44,710		18,740		—	
38,666		2,208		72,583		100,869		57,014		40,663		62,591		1,490	

AGGREGATE IN URBAN DISTRICTS

CAUSE OF DEATH		Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	AGE IN 35-44
B4	Enteritis and other diarrhoeal diseases	M	3	—	3	—	—	—	—	—
		F	7	—	—	2	—	—	—	—
B5	Tuberculosis of respiratory system ...	M	11	—	—	—	—	—	—	—
		F	6	—	—	—	—	—	1	—
B6 (1)	Late effects of respiratory tuberculosis	M	3	—	—	—	—	—	—	—
		F	1	—	—	—	—	—	—	—
B11	Meningococcal infection ...	M	—	—	—	—	—	—	—	—
		F	1	—	—	1	—	—	—	—
B14	Measles ...	M	1	—	—	—	1	—	—	—
		F	—	—	—	—	—	—	—	—
B17	Syphilis and its sequelae ...	M	2	—	—	—	—	—	—	—
		F	3	—	—	—	—	—	—	—
B18	Other infective and parasitic diseases	M	4	—	1	—	—	—	1	—
		F	6	1	1	1	—	1	—	—
B19 (1)	Malignant neoplasm, buccal cavity, etc.	M	21	—	—	—	—	—	1	1
		F	11	—	—	—	—	—	—	—
B19 (2)	Malignant neoplasm, oesophagus ...	M	36	—	—	—	—	—	—	1
		F	28	—	—	—	—	—	—	—
B19 (3)	Malignant neoplasm, stomach ...	M	130	—	—	—	—	—	—	1
		F	101	—	—	—	—	—	—	1
B19 (4)	Malignant neoplasm, intestine ...	M	133	—	—	—	—	—	—	1
		F	189	—	—	—	—	1	—	9
B19 (5)	Malignant neoplasm, larynx ...	M	7	—	—	—	—	—	—	—
		F	2	—	—	—	—	—	—	—
B19 (6)	Malignant neoplasm, lung, bronchus...	M	368	—	—	—	—	1	2	7
		F	93	—	—	—	—	—	—	6
B19 (7)	Malignant neoplasm, breast ...	M	3	—	—	—	—	—	—	—
		F	173	—	—	—	—	—	4	9
B19 (8)	Malignant neoplasm, uterus ...	F	57	—	—	—	—	—	—	2
B19 (9)	Malignant neoplasm, prostate ...	M	62	—	—	—	—	—	—	—
B19 (10)	Leukaemia ...	M	28	—	—	1	—	2	2	2
		F	27	—	—	1	1	1	4	—
B19 (11)	Other malignant neoplasms ...	M	237	—	—	3	3	5	7	8
		F	267	—	—	—	1	—	4	14
B20	Benign and unspecified neoplasms ...	M	10	—	—	1	1	1	—	1
		F	8	—	—	—	—	—	—	1
B21	Diabetes mellitus ...	M	33	—	—	—	—	—	—	2
		F	66	—	—	—	—	—	2	—
B22	Avitaminoses, etc. ...	M	3	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—
B46 (1)	Other endocrine, etc. diseases ...	M	8	—	1	—	—	—	1	—
		F	18	—	2	—	—	2	—	1
B23	Anaemias ...	M	13	—	—	—	—	—	—	1
		F	27	—	—	—	—	—	—	—
B46 (2)	Other diseases of blood, etc. ...	M	2	—	—	—	—	—	—	—
		F	1	—	—	—	—	—	—	—
B46 (3)	Mental disorders ...	M	7	—	—	—	—	—	1	—
		F	6	—	—	—	—	—	—	—
B46 (4)	Multiple sclerosis ...	M	2	—	—	—	—	—	—	1
		F	12	—	—	—	—	—	—	1
B46 (5)	Other diseases of nervous system ...	M	29	—	1	—	1	2	1	—
		F	49	—	—	1	3	—	1	2
B26	Chronic rheumatic heart disease ...	M	40	—	—	—	—	—	1	2
		F	61	—	—	—	—	1	—	3
B27	Hypertensive disease ...	M	45	—	—	—	—	—	—	1
		F	76	—	—	—	—	—	1	—
B28	Ischaemic heart disease ...	M	1408	—	—	—	—	—	2	39
		F	1059	—	—	—	—	—	2	7

TABLE B (1)

				AGGREGATE IN RURAL DISTRICTS											
YEARS				AGE IN YEARS											
45-54	55-64	65-74	75 and over	All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	2	2	1	—	—	—	—	—	—	—	—	—	1	—
2	5	2	2	1	—	—	—	—	—	—	—	—	—	—	1
1	1	2	1	1	—	—	—	—	—	—	—	—	—	1	—
—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—
—	—	—	—	2	—	—	1	—	1	—	—	—	—	—	—
—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1
—	1	1	—	3	—	—	—	—	—	—	—	1	1	1	—
—	8	7	4	3	—	—	—	—	—	—	—	1	1	—	1
1	5	2	3	—	—	—	—	—	—	—	—	—	—	—	—
5	10	12	8	14	—	—	—	—	—	—	1	2	4	5	2
3	3	9	13	2	—	—	—	—	—	—	—	—	—	1	1
8	31	51	39	46	—	—	—	—	1	—	—	—	12	19	14
11	17	28	44	23	—	—	—	—	—	—	—	—	2	8	13
17	36	46	33	35	—	—	—	—	—	—	1	3	9	8	14
20	31	50	78	33	—	—	—	—	—	—	1	2	6	9	15
2	1	3	1	2	—	—	—	—	—	—	—	—	—	1	1
—	2	—	—	1	—	—	—	—	—	—	—	—	1	—	—
46	105	143	64	93	—	—	—	—	—	—	5	6	24	38	20
14	21	33	19	22	—	—	—	—	—	—	1	3	5	10	3
—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—
32	50	40	38	68	—	—	—	—	—	1	3	6	19	24	15
12	13	11	19	18	—	—	—	—	—	—	1	3	4	6	4
—	3	27	32	21	—	—	—	—	—	—	—	—	2	9	10
1	7	8	5	10	—	—	1	—	—	—	—	3	1	4	1
3	6	4	7	10	—	—	—	1	1	—	2	1	2	1	2
31	54	82	44	69	—	—	1	2	2	1	4	3	21	23	12
28	63	92	65	61	—	—	—	—	—	2	1	3	16	24	15
2	—	2	2	3	—	—	—	—	1	1	—	—	1	—	—
1	1	4	1	2	—	—	—	—	—	—	—	—	1	1	—
3	6	14	8	9	—	—	—	—	—	—	2	—	—	3	4
3	8	18	35	22	—	—	—	1	—	—	—	—	2	7	12
—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	4	2	—	4	—	—	—	—	—	—	1	2	—	—	1
1	2	5	5	2	—	—	—	—	—	—	—	—	2	—	—
—	1	4	7	3	—	—	—	—	—	—	—	—	—	1	2
—	2	8	17	6	—	—	1	—	—	—	—	—	1	1	3
—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—
1	2	1	2	3	—	—	—	—	—	—	—	—	2	—	1
—	1	3	2	3	—	—	—	—	—	—	—	—	1	1	1
—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
2	5	1	3	1	—	—	—	—	—	—	1	—	—	—	—
2	6	5	11	6	—	—	—	—	2	—	—	—	2	2	—
3	1	9	29	12	—	—	1	—	—	—	1	1	1	3	5
9	11	8	9	15	—	—	—	—	—	1	—	2	1	6	5
8	18	10	21	17	—	—	—	—	—	—	—	—	4	6	7
4	11	12	17	27	—	—	—	—	—	—	—	2	9	10	6
2	7	18	48	21	—	—	—	—	—	—	1	1	3	5	11
167	329	491	380	467	—	—	—	—	—	—	5	59	108	155	140
36	131	293	590	291	—	—	—	—	—	1	1	8	32	80	169



					All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	AGE IN 35-44
B29	Other forms of heart disease	...	M	215	—	—	1	—	—	1	2	7
			F	322	—	—	1	—	1	—	2	—
B30	Cerebrovascular disease	...	M	598	—	—	—	—	—	2	2	8
			F	962	—	—	—	—	—	—	—	6
B46 (6)	Other diseases of circulatory system	...	M	187	—	—	—	—	—	—	—	—
			F	263	—	—	—	—	—	1	—	3
B31	Influenza	...	M	21	—	—	—	—	—	—	—	—
			F	26	—	—	—	—	—	—	—	—
B32	Pneumonia	...	M	287	—	—	3	5	2	1	2	3
			F	383	—	—	4	1	2	2	1	1
B33 (1)	Bronchitis and emphysema	...	M	352	—	—	1	1	—	—	—	1
			F	117	—	—	1	—	—	—	—	2
B33 (2)	Asthma	...	M	7	—	—	—	—	—	—	—	1
			F	13	—	—	—	—	—	1	—	2
B46 (7)	Other diseases of respiratory system	...	M	57	1	10	1	1	1	2	—	1
			F	53	1	3	2	—	—	2	1	1
B34	Peptic ulcer	...	M	37	—	—	—	—	—	—	—	—
			F	23	—	—	—	—	—	—	—	—
B35	Appendicitis	...	M	3	—	—	—	—	—	—	—	2
			F	5	—	—	—	—	—	—	—	1
B36	Intestinal obstruction and hernia	...	M	22	1	—	—	—	—	—	1	—
			F	33	2	—	—	—	—	—	—	—
B37	Cirrhosis of liver	...	M	14	—	—	—	—	—	—	—	2
			F	18	—	—	—	—	—	—	—	2
B46 (8)	Other diseases of digestive system	...	M	24	—	—	—	—	—	—	1	—
			F	49	—	—	—	—	1	—	—	4
B38	Nephritis and nephrosis	...	M	27	—	—	—	—	—	2	1	1
			F	15	—	—	—	—	1	1	—	—
B39	Hyperplasia of prostate	...	M	9	—	—	—	—	—	—	—	—
B46 (9)	Other diseases of genito-urinary system	...	M	17	—	—	1	—	—	—	—	—
			F	49	—	—	1	—	—	—	—	2
B40	Abortion	...	F	1	—	—	—	—	—	1	—	—
B41	Other complications of pregnancy, etc.	...	F	2	—	—	—	—	—	—	2	—
B46 (10)	Diseases of skin, subcutaneous tissue	...	M	2	—	—	—	—	—	—	—	—
			F	1	—	—	—	—	—	—	—	—
B46 (11)	Diseases of musculo-skeletal system	...	M	10	—	—	—	—	—	—	—	1
			F	46	—	—	—	—	—	—	—	2
B42	Congenital anomalies	...	M	42	19	9	3	2	2	3	2	—
			F	34	20	7	2	1	1	1	1	—
B43	Birth injury, difficult labour, etc.	...	M	53	52	1	—	—	—	—	—	—
			F	20	20	—	—	—	—	—	—	—
B44	Other causes of perinatal mortality	...	M	17	17	—	—	—	—	—	—	—
			F	22	22	—	—	—	—	—	—	—
B45	Symptoms and ill-defined conditions	...	M	26	—	6	—	—	—	—	—	—
			F	74	—	2	—	—	—	—	—	—
BE47	Motor vehicle accidents	...	M	63	—	—	—	—	7	16	8	4
			F	32	—	—	2	3	3	8	3	3
BE48	All other accidents	...	M	41	—	3	3	3	3	5	5	2
			F	45	1	2	2	1	1	—	—	2
BE49	Suicide and self-inflicted injuries	...	M	38	—	—	—	—	—	5	3	7
			F	27	—	—	—	—	—	1	2	4
BE50	All other external causes	...	M	5	—	—	1	—	—	1	—	2
			F	13	—	—	—	—	—	—	1	1
TOTAL ALL CAUSES				M	4823	90	41	19	21	49	46	110
				F	5003	67	24	15	15	24	32	92

TABLE B (2)

				AGGREGATE IN RURAL DISTRICTS											
YEARS				AGE IN YEARS											
45-54	55-64	65-74	75 and over	All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
8	30	44	122	74	—	—	—	—	1	—	2	—	1	27	43
6	19	58	235	99	—	—	—	—	—	2	—	1	5	12	79
23	71	209	283	164	—	—	—	—	—	1	2	3	16	52	90
22	57	223	654	270	—	—	—	1	—	1	2	11	19	58	178
8	34	48	97	47	—	—	—	—	—	—	1	2	5	16	23
4	19	44	192	62	—	—	—	—	—	—	1	2	3	9	47
2	5	7	7	6	—	—	—	—	—	—	—	—	1	1	4
1	1	6	18	10	—	—	—	—	—	—	—	2	1	1	6
8	31	72	160	87	1	5	—	1	1	—	1	2	11	20	45
10	14	69	279	133	1	—	—	—	—	—	2	5	5	21	99
14	63	145	127	94	1	—	—	—	—	—	—	5	14	36	38
5	15	41	53	25	—	—	—	—	—	—	1	1	5	5	13
—	3	1	2	2	—	—	—	1	—	—	—	—	1	—	—
1	7	2	—	5	—	—	—	—	—	—	2	1	1	1	—
2	11	13	15	17	—	2	1	—	—	—	—	—	1	5	8
3	10	6	24	17	—	1	—	—	—	—	1	—	5	3	7
4	11	11	11	10	—	—	—	—	—	—	1	—	2	5	2
—	4	4	15	5	—	—	—	—	—	—	—	—	—	3	2
—	—	—	1	2	—	—	—	—	—	—	—	—	—	1	1
1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
—	1	10	9	5	—	—	—	—	—	—	—	—	1	2	2
—	2	8	21	4	—	—	—	—	—	—	—	—	—	1	3
4	1	6	1	3	—	—	—	—	—	—	—	—	1	2	—
4	4	4	4	3	—	—	—	—	—	—	—	1	2	—	—
1	5	10	7	10	—	—	—	—	—	—	2	—	3	2	3
5	4	16	19	14	—	—	—	—	—	—	2	2	—	4	6
5	8	4	6	9	—	1	—	—	—	1	—	—	4	3	—
1	2	3	7	6	—	—	—	—	—	—	—	—	1	4	1
—	—	3	6	3	—	—	—	—	—	—	—	—	—	—	3
2	3	4	7	12	—	1	—	—	—	1	—	1	—	2	7
2	5	14	25	12	—	—	—	—	—	—	—	—	—	—	12
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	1
—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—
1	2	2	4	7	—	—	—	—	1	—	—	—	1	3	2
3	3	11	27	8	—	—	—	—	—	—	—	—	3	2	3
2	2	—	—	14	5	4	2	1	—	1	—	1	—	—	—
1	1	—	—	9	4	2	—	—	—	—	—	2	—	—	1
—	—	—	—	12	12	—	—	—	—	—	—	—	—	—	—
—	—	—	—	11	11	—	—	—	—	—	—	—	—	—	—
—	—	—	—	7	7	—	—	—	—	—	—	—	—	—	—
—	—	—	—	7	7	—	—	—	—	—	—	—	—	—	—
—	1	4	15	6	—	—	1	—	—	—	—	—	—	1	4
—	—	5	67	12	—	—	—	—	—	—	—	—	—	2	10
12	4	5	7	28	—	—	1	—	10	3	2	4	1	6	1
3	1	4	5	12	—	—	1	—	3	—	—	—	2	4	2
3	10	5	2	16	—	—	1	2	3	2	1	1	2	1	3
4	6	7	20	20	—	—	—	—	—	2	1	1	1	1	14
9	5	7	2	6	—	—	—	—	—	1	—	—	3	1	1
4	8	3	5	4	—	—	—	—	—	—	—	1	2	1	—
—	—	—	1	2	—	—	—	—	—	—	—	1	—	1	—
1	3	6	1	2	—	—	—	—	1	1	—	—	—	—	—
409	933	1539	1566	1477	26	13	8	8	22	13	31	103	265	471	517
262	576	1180	2716	1374	23	3	4	3	6	10	25	59	159	323	759



# **CHILD AND SCHOOL HEALTH**





## INTRODUCTION

Mr. Chairman, Ladies and Gentlemen

I present herewith my annual report on the child and school health service for the year 1972, which reflects the work carried out during that calendar year.

Though developments described in the last annual report have progressed normally, this has been against the background of pending reorganisation of the local government and the National Health Service. Every new step taken has been such as to facilitate the changeover to the new area health board's assumption of responsibility for all health services. Discussions have taken place with the director of education on the ways of defining to the new area health authority the needs of the education authority, so that these may be considered by the New Cheshire "shadow" authority for the reformed National Health Service when it comes into existence.

All children born in or after January, 1972 receive appointments by computer for developmental screening. Preliminary estimates indicate that the numbers attending are as high as 90% of those invited.

During the year the department took part in the national survey of defects resulting from maternal rubella, and the outcome will be awaited with interest.

Professions allied to medicine have all played a valuable and indeed essential role—psychiatric social workers, speech therapists, occupational therapists, physiotherapy and chiropody. The teachers of the deaf, primarily educationists, have also played an invaluable part.

Genetic counselling, organised in close association with the preventive services has been extended from Macclesfield to cover Winsford. It is clear that there is need for considerable development in this sphere, but unfortunately it has not so far been possible to start a similar service in the western part of the county.

On the problem of the handicapped school leaver, many will be disappointed that the government was unwilling to introduce a comprehensive national occupational health service, but the prospect of an employment medical advisory service during 1973 is welcomed.

Although there are still some indications of the need for further staff increases in the child guidance service, nevertheless the infusion of extra staff over the past few years has proved most useful and the service settling down to give much help, not only to individual cases, but to the education and social services departments and also to the courts. "School phobia" has occupied a great deal of the attention of the service this year.

The dental service has made further headway. "Productivity" has risen over the past few years, and the staffing ratio, though a long way from perfect, compares favourably with other authorities. In association with the University of Manchester the service has made a considerable contribution to research in preventive dentistry. Fluoridation of water supplies has now been agreed by the county council, and when implemented this will do much to improve dental health. Discussions have taken place with the University of Liverpool for the new Palacefields health centre at Runcorn to play a part in undergraduate and postgraduate dental teaching.

Environmental health in the schools has continued to receive attention from the public health section of the department. A code of practice for the preparation and use of pre-cooked frozen foods was produced in August, 1972. Unfortunately the pilot scheme was delayed owing to difficulties in the building trade.

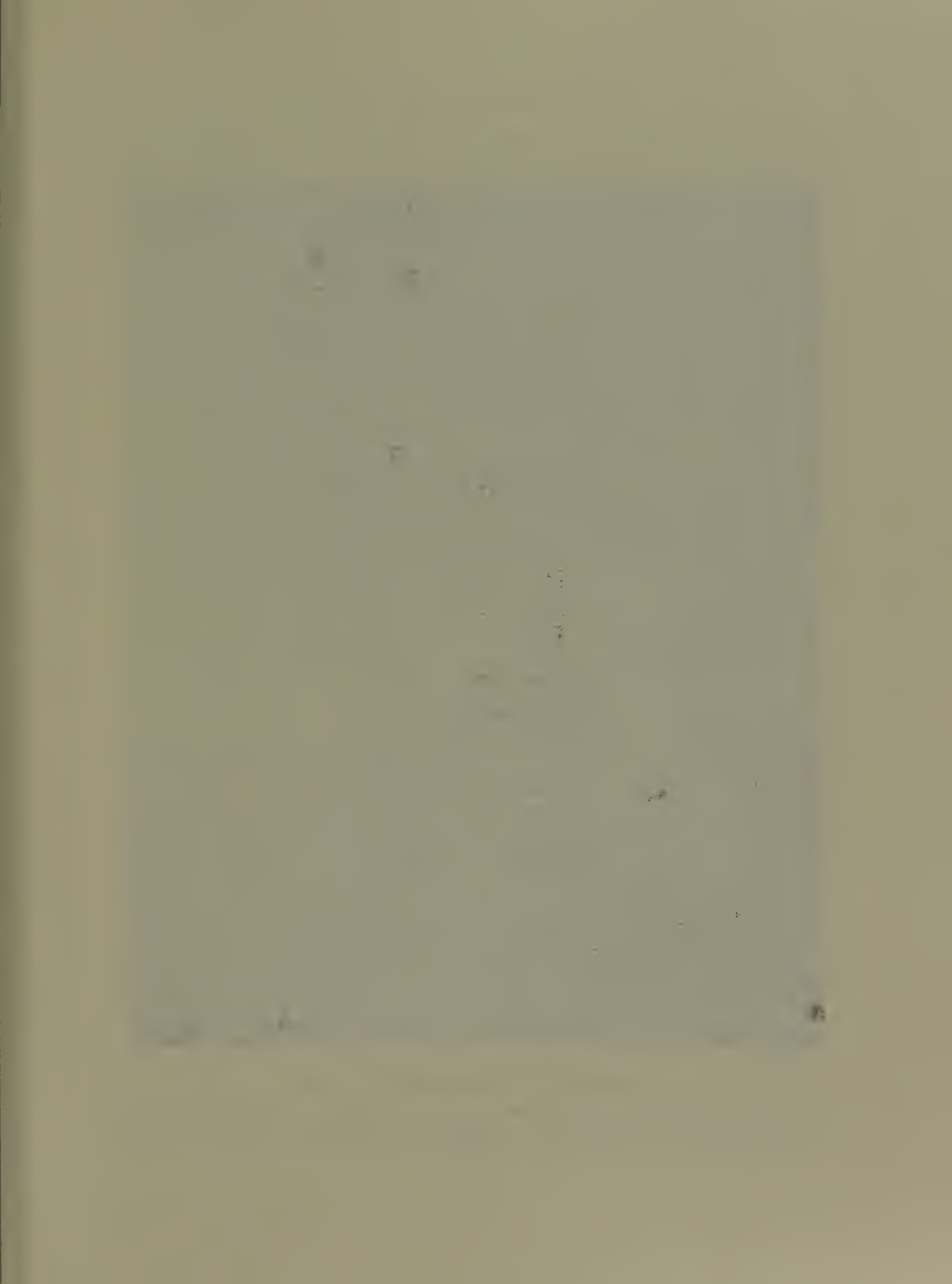
The number of children found to be infested with lice has unfortunately shown an increase from 5,926 to 9,986 out of 202,981 and 276,570 inspected respectively. This is due partly to a developing resistance to conventional insecticides, but undoubtedly also to the fashion for longer hair in young people of both sexes.

My thanks are due to the various contributors to this report—particularly Dr. I. Chesham, Mr. T. B. Dowell (dental), Dr. A. Holmes-Smith (ophthalmic) and Mr. W. W. Pembleton (environmental). I wish also to express my appreciation of the co-operation and help received from the director of education and his administrative staff and from head teachers and their staffs. Early in the year Mr. E. A. Armitage retired as Director of Education, and I extend a cordial welcome to his successor, Mr. J. R. G. Tomlinson. I should also like to thank the chairman and members of the education committee, and particularly of the special services sub-committee for the help and support they have given at all times.

B. G. GRETTON-WATSON

Principal School Medical Officer

June, 1973.





HEARING TESTS—AUDIOMETER IN USE



## CHILD AND SCHOOL HEALTH

It is pleasing to record that the establishment of professional staff has been filled throughout the year (save where resignations have caused temporary vacancies) despite uncertainties caused by the imminence of reorganisation in the health and local government services. The highest turnover in staff continues to be of medical officers, five resignations being received during the year and ten appointments being made. There are now twelve senior medical officers in post, three of whom are designated for administrative purposes. The senior medical officers have continued to develop the various responsibilities of their role, and provide a local source of guidance and support for new entrants to the service. Two new peripatetic teachers of the deaf were appointed, one on a temporary basis to replace Mr. Williams who was seconded on the one-year whole-time course for the M.Ed. in audiology. Amongst four new physiotherapy appointments, we welcome Miss Brown, who took up her duties as superintendent physiotherapist in November of this year. The appointment of Dr. Brennan, consultant psychiatrist, completes the establishment of four full-time consultant psychiatrists on the staff of the Health Department. The resignation of one senior psychiatric social worker was followed by the appointment of Mrs. Hindmarsh; one part-time and two full-time speech therapists were appointed to fill the establishment of speech therapists. Changes in staff establishment of this order are not unusual in a county of this size, and are not detrimental to services provided there is a good core of more permanent experienced staff. In addition, senior staff have an important role to play in bridging gaps and supplementing services where this is required.

### **Computer Applications**

#### *Developmental Paediatric Screening Scheme*

This scheme came fully into operation on January 1st 1972, and its inauguration was smooth, a tribute to the considerable work that had gone on in the previous six months. So far, attendances at clinics have been excellent and there appears to be good public support for and appreciation of the skilled and searching examinations carried out on children. The computer aspects have worked particularly well, and there have been few complaints from staff in so far as receiving and completing documents are concerned. Practical training sessions for general practitioners and sessional doctors were arranged at intervals throughout the year and were well attended. Further courses of training for new doctors will be required during 1973, as the developmental paediatric scheme gains momentum and fresh cohorts of children are added to the scheme.

#### *School Health Service*

During the latter half of the year, discussions were commenced with the education and social services departments on the feasibility of computerising school health service records in co-operation with the education and social service departments. Approval was given by the computer steering committee, in principle, to such a scheme which it is planned should start in the autumn of 1973. Clinical services provided by the school health service will not alter because of computerisation, but improved management and information should result.

### **Audiology Services**

Dr. Moody, the medical audiologist, reports that the audiology services have expanded over the past year and there has been a substantial increase in the number of children referred to audiology clinics for tests of hearing, both in the pre-school and school years. Frequently, these children present multiple handicaps and this makes for difficulties in diagnosis, particularly in the young child. Cases have been



referred by paediatricians, psychiatrists and consultant otologists to the county's audiology clinics. Both Chester City and Birkenhead authority have also referred cases from time to time.

A great deal of time has been devoted during the year to additional training in hearing testing for general practitioners, medical officers and health visitors. Training sessions for the general practitioners were arranged in various parts of the county and 40 doctors have attended these sessions so far. A decision was taken during the year that senior medical officers and senior health visitors should do the initial training of new medical and nursing staff, and to this end various training sessions for senior health visitors and senior clinical medical officers were arranged. In this way it is hoped that in the future continual re-training will be available within districts, and this is necessary to enable the high standards of testing to be maintained.

The county agreed during the year to participate in the National Survey of Congenital Rubella Defects. This project got off the ground in June 1972; in cases where the mother's blood is found to be negative for rubella, she is referred to the family doctor for rubella immunisation. In cases where both the baby and the mother's rubella titre estimation is positive, a very close watch is kept on the child's general development and in particular on his hearing.

It is pleasing to record the increasing co-operation received from consultant otologists, but in particular one would like to thank Mr. Kodicek, Mr. Stride and Mr. O. T. Taylor for the support and help they have given. We are pleased to have Mr. Stride back with us after his long absence due to his accident. The ENT services are undermanned both nationally and within the county, and we hope that the audiology services help consultants to evaluate priorities for treatment.

### **School Chiropody Service**

When the county chiropody service was commenced, it was envisaged that staff would spend approximately one-fifth of their time on problems concerning children's feet. The duties of chiropodists in this respect should include foot inspection, clinical treatment and health education. Mr. Smith, the chief chiropodist, reports that during the year a survey was carried out of final year primary school children's feet in the Bebington, West Cheshire and Macclesfield/Congleton divisions. The survey took into account a wide range of foot ailments, and as the results show, highlighted some conditions which had been suspected but not previously confirmed. The incidence of verrucae was approximately equal to the national average for primary schools, but the incidence of toe deformities and corns on the fifth toe presents a more substantial problem. Of all the children examined in the survey, 44% suffered from either one or other of these latter complaints which may not appear significant at this stage, but may lead to considerable disability in later years.

Chiropodists continued to spend most of their time on treatment particularly of verrucae, so that the programme of foot inspection in the primary school has not yet been completed. Discussions have been held on the relative advantage of employing full-time chiropodists solely for school work, who might then also take a larger part in health education. It is envisaged that at least three full-time chiropodists would be required in the new Cheshire authority for these purposes.

#### *Survey Results Age Group 10-11 years*

Number of schools inspected	...	...	...	...	...	...	28
Number of children examined	...	...	...	...	...	...	1260
Number of children with verrucae	...	...	...	...	...	...	84
% of children with verrucae	...	...	...	...	...	...	6.7%
Mean % of verrucae per school	...	...	...	...	...	...	7.2%

### *Percentage Incidence by Diagnosis*

Verrucae	...	...	...	...	...	...	...	...	18.4
Skin disorders	...	...	...	...	...	...	...	...	4.8
Hallux Valgus (Male)	...	...	...	...	...	...	...	...	7.9
Hallux Valgus (Female)	...	...	...	...	...	...	...	...	8.8
Valgus	...	...	...	...	...	...	...	...	10.3
Pes Cavus	...	...	...	...	...	...	...	...	5.9
Toe deformities	...	...	...	...	...	...	...	...	14.3
Corns on the 5th toes	...	...	...	...	...	...	...	...	19.6
TOTAL									100.0%

### **Genetic Counselling Clinic**

Discussions were held with Dr. Harris during the year in order to make possible the provision of a genetic counselling clinic in at least two areas of the county, and we hope that in 1973 the second venue will be Winsford. Clinics continue to be held at Macclesfield, and the following table illustrates the disorders referred to Dr. Harris, the consultant for the genetic counselling clinics. The interviews with parents, the "family tree" history, and the co-ordination of advice and management together with the general practitioner, are carried out by the health visitor attached to the genetic counselling clinic.

#### *Cases seen in 1972*

Tuberous sclerosis or benign brain tumour	...	...	...	...	...	...	...	...	1
Congenital bi-lateral lamellar cataract	...	...	...	...	...	...	...	...	1
Anencephaly	...	...	...	...	...	...	...	...	1
Syndactylism	...	...	...	...	...	...	...	...	1
Family history of Down's syndrome, plus hare-lip and cleft palate	...	...	...	...	...	...	...	...	1
Down's syndrome	...	...	...	...	...	...	...	...	4
Marfan's syndrome	...	...	...	...	...	...	...	...	1
Multiple congenital abnormalities	...	...	...	...	...	...	...	...	1
Family history of 3 paternal uncles with severe mental subnormality	...	...	...	...	...	...	...	...	1
Hydrocephalus	...	...	...	...	...	...	...	...	1

### **School Nursing**

Further training courses for clinic nurses were arranged during the year, and the assistance of the consultant ophthalmologist, Dr. Holmes-Smith, the senior educational psychologist, Mr. Pickup, the chief chiropodist, Mr. Smith, and the superintendent physiotherapist, Miss Brown, is acknowledged with gratitude. Clinic nurses find their work in schools very much more rewarding now that they are carrying out the necessary screening procedures which are part of a selective medical inspection system. These nurses are also employed in hygiene inspections, and have thus replaced health visitors in these functions. However, health visitors continue to provide advice to head teachers, on request, on problems which lie partly in the community or within the family. Each school has a designated health visitor whom the head teacher may contact for this purpose, and this health visitor would then be responsible for contacting the family health visitor, who is also attached to the appropriate general practitioner. Health visitors are also skilled in health education and give talks on health in schools at the request of the head teacher. Towards the end of the year, full-time nurses were employed to work in four of the large comprehensive schools in the county. Their duties will include hygiene inspections and screening examinations, particularly vision, but they will also undertake first aid, and to this end special training has been devised.



## **School Leavers**

Responsibility for the annual liaison meeting between careers officers, school medical officers and other staff concerned with particular children with problems now rests with divisional medical officers, and it is envisaged that with the formation of the employment medical advisory service the employment medical adviser will also be invited to attend these meetings. These meetings not only serve to provide the fullest co-operation and information about individual problems, but also facilitate continuing co-ordinated work and provide for better communication.

## **Special Education**

The growth of special education provision in the county continues apace. Two day special schools for E.S.N. children opened during the year, catering for secondary school pupils, and despite the many problems presenting themselves amongst the children and inevitable in a new school, both are providing a much needed service. Up to the present time, it has been a problem to know what to do with some of the children who have attended with benefit the junior classes for E.S.N. pupils attached to ordinary schools, but the schools at Winsford and Timperley will now cater for those children who are unable to compete successfully or profit in the ordinary school situation. Both the two residential special schools for E.S.N. children are to have day units attached and this should bring a new element into these schools which previously catered for E.S.N. pupils primarily with deprived or disadvantaged home backgrounds. The devolvement of responsibility for day special classes at day special schools to divisions necessitates close co-operation at divisional level between officers of the education department, the health department and social services, but there is good evidence already of the improvements which will ensue when central responsibility is devolved to areas which can provide a more personal and direct interest. During the year, discussions were held on the need for special schools which could serve as diagnostic/assessment units, and plans for four such units were agreed, the first of these to be at Barnton. Although assessment of any child should be an ongoing and continuous matter, there are children whose handicaps are so complex, multi-factorial, and perplexing, that long-term observation, perhaps over a period of two to three years, is necessary before the child's abilities and disabilities and special educational needs can be fully evaluated.

## **Conference at Bangor on the Needs of Handicapped Children**

It is pleasing to refer to this conference, organised by the education department in collaboration with the health and social service departments, which was held to discuss with representatives from each of these three departments the needs of handicapped children. Much of the time of the conference was spent in study groups of personnel from the three departments who worked in the same geographical districts, and I believe that the goodwill and co-operation engendered at Bangor during the week spent there should pay dividends in the future since it was shown so clearly during the time that participants were together that if we are to cater for handicapped children, we need to co-operate with each other fully, frankly and with humility, recognising our limitations, and seeking to compensate as fully as we can, in harmony with each other, the disadvantages and deprivations which children and their families may suffer either by genetic endowment, by subsequent illness or impoverishment, or by inability to cope with the complex pressures which society thrusts upon all of us, but which bear with particular force upon the disadvantaged members of our society.

## **Re-organisation**

It seems important to mention the re-organisation which local government and the health department are to undergo in 1974, although some details of this in so

far as the child and school health service is concerned are not yet clear. Nevertheless, it can be said that education departments have been assured of a continuing service after the transfer of the school health service to area health authorities in April 1974.

## CHILD GUIDANCE SERVICE

During the last five years there has been a great expansion in the child guidance service in Cheshire and most parts of the County are now within a short distance of a clinic providing such services. These extended and improved facilities for discovering and investigating the emotionally disturbed child have brought about increased demands for treatment facilities in the clinics, in day schools and in residential establishments, both those of the education and social service departments. It is proper that these psychiatric services should be provided from one source so as to prevent overlap, and ideally, in the reorganised future, one consultant psychiatrist will provide for all the needs within a given area.

One of the administrative changes that have occurred in the last five years has been the transfer of psychologists working previously wholly in child guidance to the education department, so that their functions now include service in child guidance clinics as well as in the school psychological service. This dual role is beneficial provided the child guidance clinic does not have to take second place in importance; the volume and variety of work which the school psychological service is called upon to provide may sometimes seem to override the demands of the child guidance clinic, where of course, if the proper referrals are made, the most significantly disturbed children are to be found.

There could be overlap in the work carried out by psychiatric social workers in child guidance clinics and by social workers in the department of social services, so that it is very necessary for there to be close contact over allocation, supervision and follow-up of cases. It is possible that psychiatric social workers may eventually be taken over by social service departments, although policy on this matter has not yet been declared; but it would be very important, if this were to be done, for psychiatric social workers to be seconded full-time back to the child guidance clinic as they are an essential element in continuing case work and overall management of children and families referred to child guidance clinics. At most of the county's child guidance clinics, regular case conferences are held with members of other departments so as to ensure the maximum communication and the minimum of overlap and confusion of role. These outside agencies (outside the child guidance team) include officers of the social service department, probation service and voluntary agencies such as the marriage guidance counselling service. A great deal of the work in child guidance clinics consists in dealing with serious marital and psychosocial difficulties which reflect on the growth and development of the child, and some of the cases referred might benefit from marriage guidance counselling, under psychiatric supervision. However, marriage guidance counselling is particularly important in the preventative sphere rather than after marital breakdown has occurred.

Dr Lanceley, a full-time consultant psychiatrist employed by this authority, makes the following observations: "In general medicine, diagnosis in the fullest possible sense is the precursor of rational treatment, but this does not necessarily obtain in child psychiatry, where diagnosis and treatment need to be contemporary and proceed in dual harness, and although special facilities for treatment are expanding, there are still many gaps in our provision for this. In clinical paediatrics, a longitudinal view is ever present and disorder is viewed in the perspective of



adult physical functioning. There are, however, in child guidance, certain administrative difficulties which tend to impose a more static view of the problems; gaps between school and employment, or between child guidance care and continuing supervision, are difficult to bridge, and as poor patient, or family, motivation is only too frequent at this time, one must hope that the reorganisation of the health services will help to improve the continuity of treatment which can be difficult at the present time. In child — or more properly family — psychiatry we are working for changes which may not manifest themselves until the next, or even the succeeding generation. Sir Keith Joseph, in recent months, has given currency to the well known concept of the cycle of deprivation and the need to break this by special care and facilities.”

During the year, a new form of clinic return from child guidance clinics was devised in co-operation with the consultant psychiatrists and the psychiatric social workers. The information obtained in this way should provide a basis for research in the future on the outcome of special treatment, including the treatment provided at child guidance clinics as well as of those children admitted to special schools for maladjustment. There is a great need of more information and research in this sphere.

It seems worth while discussing one of the problems — school phobia — which present themselves at child guidance clinics in some detail, and the following statement, prepared initially by Dr. Lanceley, has been agreed by the consultant child psychiatrists working in child guidance clinics in the county.

### **School Phobia**

There are relatively few problems presenting in child psychiatry which demand urgent attention, but school phobia is certainly one.

Many cases conform fairly closely to the classical pattern of separation anxiety, a serious and neurotic disorder, but there are other forms of neuroses.

The importance of prompt recognition and appropriate handling must be emphasised, as the problem almost invariably intensifies with the passage of time, and we are only too familiar with the requests for the urgent solution of a problem which we discover has been known to exist for a number of years and where the passage of time has considerably narrowed the choice of remedies.

### *Clinical Signs*

The main points to note in school phobia are that it commonly presents itself in the child who is aged 9-12 years, and that frequently there is a history of earlier recurring absences for trivial reasons. The school phobic child usually stays at home, or is reluctant to leave the home.

These features may be contrasted with those of the school truant, who usually truants from school at an older age, whose behaviour is often associated with conduct disorder, and who tries to conceal his absence from school from his parents.

The management of the school truant is very different from that of the school phobic, and does not necessarily need psychiatric help.

### *Referral*

There is only too often considerable delay in referring cases of school phobia for treatment, and this delay can be explained only by failure or inability to appreciate the complexity of the problem and the need for early management



of it. The vast majority of cases must be assessed and handled by a child guidance team, as separation anxiety is not an isolated symptom in the child but indicates disturbed inter-personal relationships in the family, frequently associated with neurotic disorder in one or both parents. Investigation of the family history often reveals that one or other parent has had similar difficulties in childhood, and so the child has to deal not only with his own anxiety but in addition with the transferred anxieties of parents. It follows from the nature of this disorder that it is rarely possible for a teacher, headmaster, social services officer, or educational psychologist, to deal with these multiple difficulties on his own.

### *Investigation*

The investigation of the problem calls for full tripartite assessment by educational psychologist, psychiatric social worker, and psychiatrist. The treatment of the condition is basically that of the malfunctioning units both in the nuclear and the extended family, as grandparents may well be contributing to the disorder.

### *Treatment*

The object of treatment in the short term is to get the child back to school as soon as possible, and in the longer term to deal with the neurosis so that the child may be better adapted to meet the exigencies of after-school employment; it is very gratifying to note how very often the parents express relief that the responsibility of making effective decisions has been removed from them and that the child is back at school. They realise the rightness of this decision for their own and their child's problems, and can be helped to see that they have been "acting out" their own anxieties through their children. However, this point is reached only after prolonged therapy, and in some cases some form of confrontation, persuasion, or compulsion has to be introduced.

Choice of treatment must be based on individual child need, and may vary. The following observations are generally applicable and germane.

1. Encouragement of the child to attend school is more effective when he can feel that his difficulties are understood and appreciated, and where any real problems for the child in the school environment have been examined, and where possible, eased.
2. It is also helpful for there to be some positive inducement offered by the school to ease return, such as a home visit by a teacher, or personal help from a senior boy or prefect.
3. The difficulties of returning to school intensify rapidly the more prolonged the absence.
4. Home tuition should be used only as part of a planned programme of treatment.

With suitably realistic and intensive handling, most children can be induced to return to school and remain there, but a small number will require special treatment either in residential educational establishments, or hospital psychiatric units for children. Placing a child in the care of the local authority may be necessary in some cases, but has also been used on occasions because of the shortage of other residential placement.

School phobia presents a serious and important problem and although the number of school children involved, in Cheshire, is not known (since not all cases of school phobia are referred to child guidance clinics) the cost to an education and school health service is formidable in terms of the many professional and administrative personnel involved, and this underlines the need for early referral enabling prompt effective treatment to be carried out.

## Cases of School phobia referred to four Child Guidance Clinics

### Outcome of Treatment

	Number Referred	Ordinary School	Special Class	Special School	Hospital Unit	Special Services Hostel	Other
1971	25	20	1	4	(one temporary admission)	0	0
1972	25	22 (2 part time with home tuition)	0	0	1	1	1

## OPHTHALMIC SERVICE

After a period of twenty-five years it is possible to note the great changes which have taken place — in the past fifteen years in particular.

Modern well equipped clinics are now the rule everywhere, and aid the examination of children's eyes; the services of the health visitor, and latterly the clinic nurse, are still essential for the efficient conduct of the clinics. There is much better liaison between the school clinic and the general practitioner — of whom many join in the general work at the clinics. The orthoptic side of ophthalmic work has been really fully established for the past ten years, and the new full-time department at Leighton hospital is a great help to the central and south-east part of the county, where surgery for squint has been greatly facilitated.

The notable ophthalmic item of the year has been the publication of the report "The Education of the Visually Handicapped", under the chairmanship of Professor Vernon. The recommendations of this report should lead to a proper co-ordination between the ophthalmic and school medical service, and the education services, with greatly improved education for the visually handicapped as a result.

Already the county <sup>education</sup> health department has appointed a peripatetic teacher of the visually handicapped, and he will be able to advise school teachers upon the needs of those with visual defects and supervise their progress, and the provision of visual aids, typewriters, tape recorders and other apparatus. It has always been the policy of the authority to educate visually handicapped children in the normal school if at all possible; this can usually be carried out at the primary school, with its fixed classroom and teacher, but problems arise in later years on transfer to secondary schools, which have become much larger and more distant from the child's home — thus introducing difficulties of travel, in addition to those of informing teachers, many of whom may be unaware of the pupil's problem.

Apart from the purely educational work, the peripatetic teacher will be able to provide much needed counselling and support for the parents of affected children. This should be done in conjunction with the social service department, but your ophthalmologist notes with disappointment the demise of the specifically blind welfare visitor with a large fund of special knowledge — now to be replaced by a general social services worker. This view is held by many others with experience of those who are visually handicapped.

In addition to the peripatetic teacher, it is proposed to set up a district assessment team, which will comprise both educationalists and medical staff, in order that the best education may be offered to those with multiple defects in addition to visual disability. This class is an increasing one, due to the changing pattern of handicap in the young — formerly caused largely by ocular disease or malformation but now often associated with multiple disabilities — e.g. brain damage and deafness added.



In the general field of ophthalmology, there is no striking innovation to report. Work proceeds in the orthoptic department on apparatus devised to establish visual acuity in young infants, in the hope of lowering the incidence of amblyopia by early ascertainment and treatment.

It is pleasing to note a further fall in the number of firework injuries and the tendency to organised firework parties, and the more restrained sale of these 'toys' should see this trend continued.

The thanks of the ophthalmic surgeons are due to the nursing staff and orthopodists for their help in the clinics.

## DENTAL SERVICES

by T. B. Dowell, Chief Dental Officer.

The dental services have been maintained at a level similar to last year. Following some fluctuation in staffing during the year, there were 63 dentists giving a full-time equivalent of 40.2 in post on 31st December. The ratio of 1 dental officer to 4,915 schoolchildren is considerably better than the national average, but difficulty in recruitment in certain places has resulted in a rather uneven distribution, so that some areas are less well served than others. General dental practitioners tend to be attracted to areas with a high social class population, and it is these same favoured localities which are regarded as desirable places to live by dentists seeking employment with the local authority dental services. As a result the towns with a larger proportion of lower social class population tend to be badly provided for by both branches of the dental services. If the declared objective of the N.H.S. to make services available to all is to be achieved, it will be necessary to employ some method such as that used to encourage an even distribution of general medical practitioners to correct the geographical bias in the availability of dental services.

Good working conditions with modern buildings and equipment are important in attracting dental officers to a particular area. During the year, dental services have been established at Bramhall in the new health centre, and further new buildings at Winsford, Holmes Chapel, Tarporley and Nantwich are nearing completion. The replacement of the outdated clinics at Winsford and Nantwich is welcome, but there are other dental clinics in urgent need of expansion or replacement where there is little chance of new provision in the absence of plans for a health centre. The inclusion of dental clinics in health centres provides the opportunity for co-operation with other services, and the facilities in the new buildings are generally excellent. However, under the present national policy of restricting new clinic provision to health centres it is inevitable that the distribution of facilities provided for the dental services cannot be planned logically but reflects circumstances unrelated to the dental needs of the population of the area.

There are relatively few dentists providing general dental services within health centres, and it is pleasing that the executive council has been able to appoint a general dental practitioner to work in the Castlefields health centre at Runcorn. Accommodation was provided for two dentists in spite of some doubt as to the chances of recruitment, but it is already apparent that there is a large potential demand for this type of service. Although dentistry does not require the same degree of co-operation with other services as general medical practice, there are obvious advantages in providing all primary health services from the same place, and it is hoped that in future it will become more common to include dentistry for adult patients as well as for children. Discussions are being held with the executive council and the university of Liverpool with a view to establishing a teaching dental practice at Palacefields. This large health centre would provide an excellent opportunity to introduce undergraduate and post-graduate students to the problems of organising dental services and to carry out research into the effective provision of services to a community.

## **School Inspections**

During the year 74,568 children were examined at school and a further 28,996 in the clinics. This amounts to 52% of the school population and is a further reduction in the proportion seen at school. This trend has been apparent over several years and it seems to arise from two main causes. More patients attend for treatment on their own initiative and many are examined at the clinics rather than at school. The increasing demand for dental care is welcome, but there is a danger in some areas that dental officers are prevented from visiting the schools by their heavy treatment load.

Secondly it has been realised that school inspections have to be conducted under conditions which do not allow a proper standard of diagnosis and treatment planning. Once a patient has been provided with conservative treatment, the progressive nature of dental disease requires that arrangements should be made for continuing periodic examinations under good clinical conditions which include X-ray facilities. As a result the school inspection system is seen as a means of identifying those children who are not receiving regular dental care rather than a basis for the diagnosis of disease which is known to be present in the majority of children. There is no point in carrying out inspections when there is no opportunity to provide treatment, and the staff in many areas have been forced to restrict their inspections because of their inability to take on additional patients for treatment.

The situation varies widely between clinics for a number of reasons, but there is no doubt that the biggest single factor is the quality of the service provided. Where a high standard of service is offered and parents feel that the staff are interested and concerned for the welfare of their children — especially the younger ones — the demand rapidly rises. Paradoxically, the better the service becomes the less able it is to carry out supervision of the dental health of the school population by inspection.

During the year a study has been completed of a group of 15-year-olds attending certain schools in Ellesmere Port. The aim was to gain insight into the reasons why some attend regularly for dental treatment while others do not. Information was obtained from the dentists attended as well as from the subjects themselves. Much useful data was collected which, inter alia, demonstrated the importance of maintaining close contact between the school dental service and the schools. It was found that parents who were regular dental patients arranged for their children to receive dental care from their own general dental practitioners. The school dental service was providing treatment for children whose parents would be unlikely to make such arrangements. If these potential patients were not identified and contacted through the schools, many of them would not receive the treatment they required.

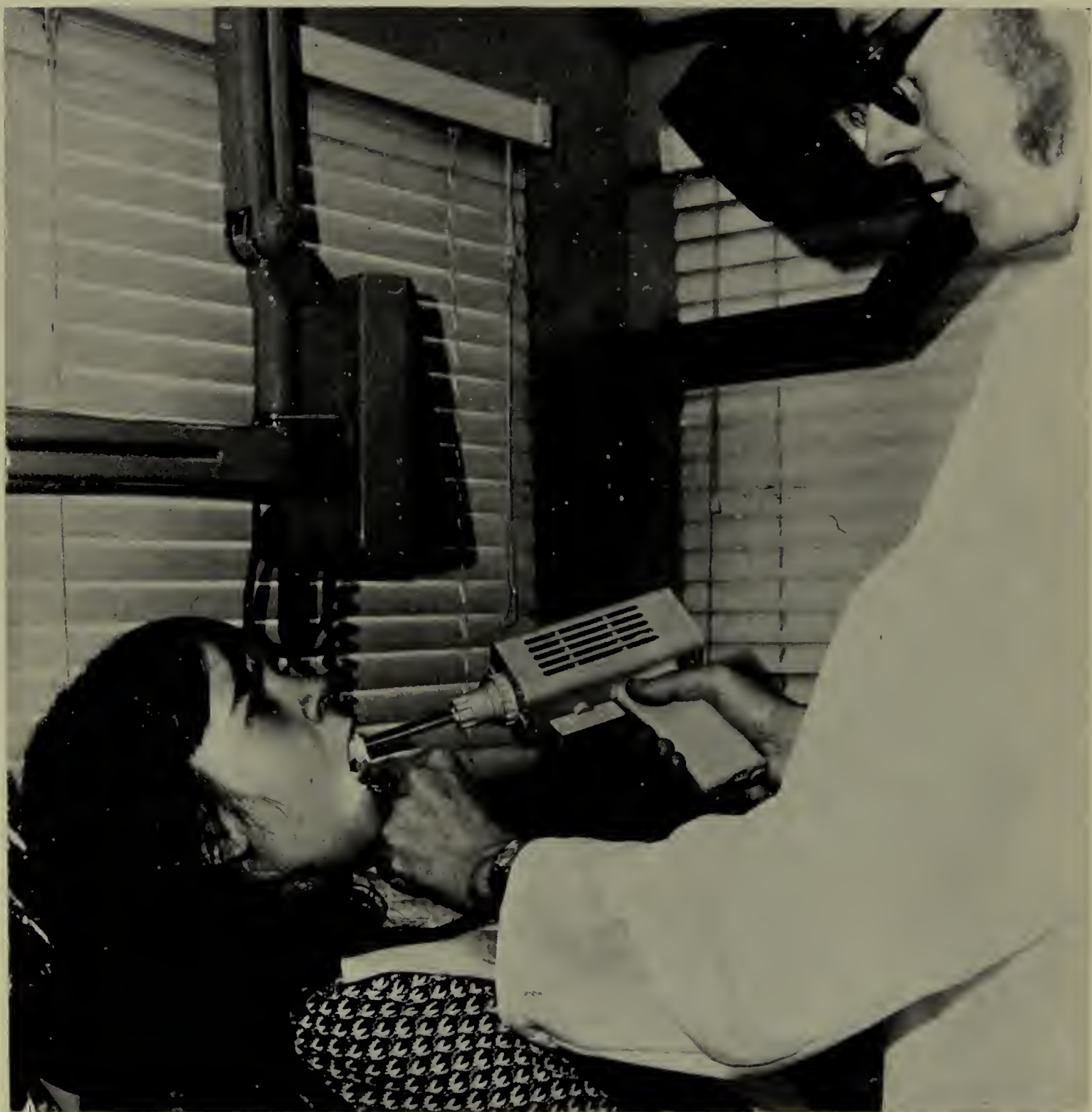
Responsibility for the school dental service will be transferred to area health authorities in 1974, and it is essential that close liaison is maintained with the education authority and the schools. Dental health is often regarded as having little impact on educational achievement, but it has an important influence on general wellbeing and social integration. It is to be hoped that reorganisation will lead to an expansion of the services for children with an increased awareness of the place of the schools in contributing to their dental care.

## **Preventive Dentistry**

Dentistry is in a period of change. While methods of treatment are becoming more sophisticated the profession is turning enthusiastically to methods which prevent the onset of disease. So far as caries is concerned, fluoridation of the water supplies is by far the most important method. It has been shown to be effective and economic







COUNTY DENTAL SERVICE  
UVL RESIN GUN FOR SEALING AGAINST DECAY

in preventing dental caries throughout life. Negotiations and discussions with the Stockport District and the Mid-Cheshire Water Boards have proceeded, somewhat more slowly than was hoped, throughout the year, and the first schemes are in an advanced stage of planning. Water authorities are also to be reorganised and care must be taken that schemes are not delayed in the turmoil of general reorganisation.

Fluorides are also used for topical applications to erupted teeth. They are available in weak solutions for rinsing, in toothpastes, in stronger solutions for painting on the teeth and in gels for applying in trays. All these methods are in use in the county's dental service. As far as possible all patients attending the clinics rinse with a weak solution at each attendance. This technique has only a small effect but it is justifiable in that the cost is negligible and it can be carried out in such a way that it does not take up any surgery time. The application of gels or of solutions as paints involves professional time and is relatively expensive. The results of clinical trials of these agents have been publicised in a way which appears to allow a comparison with fluoridation of the water supply. However, the statistical basis of the results is quite different and topical applications have a relatively minor effect. In the light of current knowledge they are not an economic means of prevention for the whole child population and should be reserved for patients who are particularly at risk. Records have been kept for the last 5 months of the year, and during this period 730 children received this form of treatment.

A great deal of publicity has been given to a new method of sealing the biting surfaces of teeth with a resin which is hardened with an ultra violet light. Following television coverage of this technique, there have been repeated demands for the treatment from members of the public. Experimental studies over 3 years of the value of this procedure have been reported in America, but experience in this country is limited. Two sets of equipment have been obtained to assess the usefulness in the school dental service, and although it is too early to reach firm conclusions the technique seems promising.

The field of preventive dentistry is expanding rapidly and it is essential that staff are kept up to date so that they may make full and appropriate use of the new techniques. A four-day course in this subject has been held for senior staff and further courses are planned for the rest of the dental staff.

### **N.H.S. Reorganisation**

The implications of the impending reorganisation of the health services have received a great deal of attention. Members of the staff have been concerned in discussions at national and local level about the future. The uncertainty has resulted in some degree of anxiety, and great importance is attached to keeping all those involved fully informed of developments. There is full recognition of the need for the "priority groups", including the school population, to continue to receive as full a dental service as possible, and a determination to ensure that the change in organisation will result in further improvements in the service.

## **ENVIRONMENTAL HEALTH**

### **School Sanitation**

Responsibility for public health and food hygiene inspections at schools throughout the county was transferred from the school medical officers to the county public health officer in 1968.

An annual inspection is the aim, though this has not yet been achieved, and at present from 14 to 18 months elapse between inspections. Reports on all inspections are made both to the director of education and to the county architect.



During 1972 talks were continued with the director of education regarding schools which fell far short of the standard laid down by regulations, so that priorities could be agreed on spending the money available to carry out improvements in health standards.

### **School Meals Service**

The county public health officer continued to maintain close co-operation with the officers administering the school meals service.

Following on from the code of practice on kitchen hygiene, a code of practice on the preparation and use of pre-cooked frozen foods was produced in August 1972. This was in anticipation of the introduction of a pilot scheme for the use of pre-cooked frozen foods in school catering. This scheme should have commenced in the autumn of 1972 but difficulties in the building trade held up the necessary work, and the scheme is now about to start at the time of writing this report (March 1973).

### **Milk in Schools Scheme**

The department is responsible for public health supervision of this scheme. Any new supply must have the prior approval of the county medical officer.

All primary schools in the county have a regular supply of liquid pasteurised milk, and all the supplies are sampled during the course of each year to ensure that every school is receiving, at the proper time, a supply of clean, wholesome, properly pasteurised milk, in clean, undamaged containers. The importance of this service can be judged by the fact that each day of term about 45,000 pupils in 620 schools are drinking school milk.

### **School Swimming Pools**

These are controlled from a public health point of view by the county public health officer, and regular routine visits are made whenever the pools are in use.

Sixteen schools in the county now have their own pools, some of which are used by a number of other schools. Schemes to build two further learner pools are well advanced. A number of schemes to provide swimming pools at secondary or grammar schools, to be used also by local organisations, and operated jointly with the appropriate district council, are also under active consideration, and in several cases work has actually commenced.

A code of practice for public health safeguards in school swimming pools has been produced by the section and is in use at all the school pools.

The aim of the routine visits to the pools is to ensure that the water is being kept in a satisfactory condition and that the hygiene of the pool and its surroundings is generally satisfactory. "On the spot" tests are made to confirm this, and samples are taken for bacteriological examination. Difficulties regarding water conditions arise from time to time, and these problems are usually resolved immediately by discussions with the persons responsible for maintenance of the pool. Occasionally more awkward problems arise which necessitate some research into cause and effect, but solutions are eventually found.

One of the main reasons for public health control at these pools is to prevent the spread of infections, whether intestinal, respiratory or skin. It is therefore pleasing to be able to state that no outbreaks of illness or foot infection or other conditions associated with the use of swimming pools have been reported at the schools having or using school pools, during the course of the year under review.

# SCHOOL MEDICAL INSPECTION RETURNS

Year ended 31st December 1972

## PART I

### Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	No. of pupils who have received a full medical examination	Physical Condition of Pupils Inspected			Pupils found to require treatment (excluding dental diseases and infestation with vermin)		Total Individual Pupils
		Satisfactory	Unsatisfactory	No. of pupils found not to war- rant a medical examination (see note 1 above)	For defective Vision (excluding Squint)	For any other condition recorded at Part II	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968	3724	3717	7	3	74	307	339
and later							
1967	11929	11912	17	81	261	1068	1206
1966	2442	2439	3	35	41	200	225
1965	1718	1717	1	—	47	147	179
1964	1083	1083	—	—	56	99	141
1963	895	895	—	2	49	64	98
1962	779	778	1	376	44	83	121
1961	1676	1676	—	2423	91	135	206
1960	932	932	—	2570	49	57	97
1959	343	343	—	543	26	64	85
1958	1204	1204	—	655	68	187	242
1957	1472	1471	1	2158	57	169	218

Column (3) total as a percentage of Column (2) total ... 99.89%

Column (4) total as a percentage of Column (2) total ... 0.11%

The physical condition of 99.89 per cent of the total number of pupils examined at periodic inspection was considered satisfactory.

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	1029
Number of Re-Inspections	...	...	...	...	...	...	4406
Total						...	5435

TABLE C

### INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	...	...	...	202981
(ii)	Total number of individual pupils found to be infested	...	...	...	9986
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act 1944)	...	...	...	5969
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act 1944)	...	...	...	1648

TABLE F—SPEECH THERAPY

Pupils treated by speech therapists ...	2594
---	------

TABLE G—OTHER TREATMENT GIVEN

Pupils with Minor Ailments ...	244
Pupils who received B.C.G. vaccination ...	9771
U.V.L. treatment ...	13

## PART II

Treatment of Pupils attending Maintained  
Primary and Secondary Schools

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	356
Errors of Refraction (including squint) ...	11067
Number of pupils for whom spectacles were prescribed ...	3284

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated
Received operative treatment:	
(a) for diseases of the ear ...	93
(b) for adenoids and chronic tonsillitis ...	314
(c) for other nose and throat conditions ...	49
Received other forms of treatment ...	153
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1972 ...	47
(b) in previous years ...	251

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number of pupils known to have been treated at clinics or out- patient departments ...	858
(b) Pupils treated at school for postural defects ...	—

TABLE D—DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Part 1, Table C)

	Number of cases known to have been treated
Ringworm—(a) Scalp ...	4
(b) Body ...	2
Scabies ...	113
Impetigo ...	79
Other skin diseases ...	41

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils receiving treatment at Child Guidance Clinics ...	1130
--	------



### PART III

#### DENTAL SERVICE

#### Treatment carried out by the Authority

##### Inspections

			Number of Pupils Requiring Treatment	Offered Treatment
First Inspection—School	... ..	Inspected 74568)	60795	54898
First Inspection—Clinic	... ..	28996)		
Re-Inspection—School or Clinic	... ..	15859	9628	
Totals	... ..	19423	70423	54898

##### Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	19467	16167	3002	38636
Subsequent visits	30092	34994	7341	72427
Total visits	49559	51161	10343	111063
Additional courses of treatment commenced	3196	2491	503	6190
Fillings in permanent teeth	15678	35283	9024	59985
Fillings in deciduous teeth	22251	1776	—	24027
Permanent teeth filled	12478	30192	8154	50824
Deciduous teeth filled	19925	1547	—	21472
Permanent teeth extracted	1241	5972	1199	8412
Deciduous teeth extracted	16654	5426	—	22080
General anaesthetics	5427	2993	346	8776
Emergencies	4013	1952	340	6305
Number of pupils X-rayed	...	...	...	4661
Prophylaxis	...	...	...	13283
Teeth otherwise conserved	...	...	...	1745
Number of teeth root filled	...	...	...	306
Inlays	...	...	...	7
Crowns	...	...	...	184

##### Orthodontics

New cases commenced during the year	...	...	...	...	549
Cases completed during year	...	...	...	...	276
Cases discontinued during year	...	...	...	...	71
Number of removable appliances fitted	...	...	...	...	768
Number of fixed appliances fitted	...	...	...	...	29
Pupils referred to Hospital Consultant	...	...	...	...	139

##### Dentures

Pupils supplied with F.U. or F.L. (first time)	...	...	...	...	9
Pupils supplied with other dentures (first time)	5	80	25	...	110
Number of dentures supplied	4	91	41	...	136

##### Anaesthetics

General anaesthetics administered by Dental Officers	...	...	...	...	1495
--	-----	-----	-----	-----	------

## Clinics

	Fixed			Mobile		
	With 1 Surgery	With 2 or more Surgeries	Total available	In use	No. of Clinics Available In use	Sessions Worked
	40	18	77	73	1	1
						188

## NUMBER OF HANDICAPPED PUPILS EXAMINED IN SCHOOL

### Defect

								New Cases	Re-exams
Blind	...	...	...	...	...	...	...	—	—
Partially Sighted	...	...	...	...	...	...	...	5	16
Deaf	...	...	...	...	...	...	...	3	4
Partially Hearing	...	...	...	...	...	...	...	3	24
Delicate	...	...	...	...	...	...	...	18	34
Diabetic	...	...	...	...	...	...	...	11	9
E.S.N.	...	...	...	...	...	...	...	86	158
Epileptic	...	...	...	...	...	...	...	15	37
Maladjusted	...	...	...	...	...	...	...	3	7
Physically Handicapped	...	...	...	...	...	...	...	11	16
Speech Defect	...	...	...	...	...	...	...	2	2

## ATTENDANCES OF SCHOOL CHILDREN AT COUNTY CLINICS 1972

Ear, nose and throat	...	...	...	...	...	...	...	...	1772
Ophthalmic	...	...	...	...	...	...	...	...	12583
Paediatric	...	...	...	...	...	...	...	...	1186
Child guidance (psychiatrist)	...	...	...	...	...	...	...	...	3006
Audiology	...	...	...	...	...	...	...	...	306

## NUMBER OF CHILDREN ON CLINIC REGISTERS 31.12.72

Cerebral palsy	...	...	...	...	...	...	...	...	694
Speech therapy	...	...	...	...	...	...	...	...	2016

## HANDICAPPED CHILDREN 1971-72

### On Registers of Special Schools

								Boys	Girls	Total
Blind	...	...	...	...	...	...	...	33	15	48
Partially sighted	...	...	...	...	...	...	...	13	12	25
Deaf	...	...	...	...	...	...	...	50	51	101
Partially hearing	...	...	...	...	...	...	...	28	19	47
Delicate, etc.	...	...	...	...	...	...	...	19	4	23
Educationally subnormal	...	...	...	...	...	...	...	627	401	1028
Physically handicapped	...	...	...	...	...	...	...	117	92	209
Maladjusted	...	...	...	...	...	...	...	151	44	195
Epileptic	...	...	...	...	...	...	...	19	5	24
Speech defect	...	...	...	...	...	...	...	3	3	6
Total								1060	646	1706

### Resident at Further Education Centres

								Boys	Girls	Total
Physically handicapped ...	...	...	...	...	...	...	...	28	5	33
Blind ...	...	...	...	...	...	...	...	8	1	9
Deaf ...	...	...	...	...	...	...	...	3	—	3

### PERIPATETIC TEACHING OF THE DEAF

Number of children seen	...	...	...	...	...					4836
At clinics	...	...	...	...	...	...	...	2387		
At school	...	...	...	...	...	...	...	1542		
At home	...	...	...	...	...	...	...	928		
New cases admitted	...	...	...	...	...	...	...			675
New cases seen but not admitted	...	...	...	...	...	...	...			127
Total clinic sessions	...	...	...	...	...	...	...			859
Discharges	...	...	...	...	...	...	...			356
Hearing aids issued	...	...	...	...	...	...	...			47
Medresco (N45)	...	...	...	...	...	...	...	22		
Post-aural Medresco	...	...	...	...	...	...	...	12		
Commercial	...	...	...	...	...	...	...	13		
Children with aids left school	...	...	...	...	...	...	...			9
Ceased using aids	...	...	...	...	...	...	...			2

### SPEECH THERAPY

Categories under treatment 31.12.72

Articulatory disorders	...	...	...	...	...	...	...	...	1445
Stammerers	...	...	...	...	...	...	...	...	298
Cleft palates	...	...	...	...	...	...	...	...	85
Language disorders	...	...	...	...	...	...	...	...	482
Others	...	...	...	...	...	...	...	...	39

### Sessions

							School Service	M. & C.H. Service
Treatment (including auxiliaries)	...	...	...	...	...	...	15423	821
Inspection	...	...	...	...	...	...	681	
Dental health education								
(including auxiliaries and hygienists)	...	...	...	...	...	...	120	26
Administration	...	...	...	...	...	...	384	





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